

OF DEATH

to that the relative healthfulness of aged 10 years or over. If the occupation prior to illness. If children not gainfully employed was that of home house work, write person engaged in domestic service, keeper—private family, cook—hotel,

“worker,” “operative,” etc. Find “store,” “factory,” “mill” etc. State descriptive titles, as civil engineer, member” when a more precise statement of the exact occupation, as carpenter, sale merchants. A person who sells

complication which causes death, not name the disease or injury causing principal cause and any important related to principal cause, name other

Example II

SE OF DEATH and related in order of onset were as

Date of onset	1 week ago
1 week ago	1 week ago
3 days ago	3 days ago
6 weeks ago	6 weeks ago

USES of importance not re- use:

causes should be given in the order of their first, second, or third position. The given.

BY PHYSICIAN

1. PLACE OF DEATH

County of Whatcom

City or Town of Deming

Registration Dist. No. R-3

No. 200

St. Deming

Ward 200

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. 14 mos. 14 ds. How long in U.S. if of foreign birth? 48 yrs. 14 mos. 14 ds.

2. FULL NAME Alice Viola Rauch

(a) Residence: No. Deming

St. Deming

Ward 200

(Usual place of abode)

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Rauch

6. DATE OF BIRTH (month, day, and year) Oct. 10, 1867

7. AGE 66 Years 22 Months 22 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11-4-33 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Quebec, Canada (State or country)

13. NAME Thomas Ried

14. BIRTHPLACE (city or town) Canada (State or country)

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Adam Rauch

(Address) Lynden Cemetery

18. BURIAL, CREMATION, OR REMOVAL Lynden Cemetery

Place Lynden Cemetery Date 11-4-33

19. UNDERTAKER HARLOW-HOLLINGSWORTH

(Address)

20. FILED 11-4-33 Florence Wright

Registrar

21. No. 825-1932, Approved as to Form by Dept. of Efficiency, 1923.

Washington State Board of Health

Record No. 241

BUREAU OF VITAL STATISTICS

Registered No. 105

CERTIFICATE OF DEATH

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