DECEASED -NAME			CERTIFI		LAST	SEX	DATE OF	DEATH (MONTH,	DAY YEAR)
	FIRS								
1.	HOWA		R.		ARR	2. Male		March 2,	1971
ETC. (SPECIFY)	AN INDIAN,	BIRTHDAY (YEARS			YEAR)				
**	AL OF DEATH	50. 75	Sb.	Sc.					VIIMBED)
		C	SPECIFY YES OR NO	0)					TOMOLA /
70.		·		74.					NAME)
STATE OF BIRTH (IF NOT IF	COUNTRY)			WIDOWED, D	IVORCED (SPECI				
8. Oregon		· .		10.		1			
				OF WORK DONE DE	JRING MOST OF	KIND OF BUSIN	1E22 OK INDU	SIKT	11
		130. Bá							17: 22
RESIDENCE — STATE	COUNTY					(SPECIFY YES OR		**************************************	1. (14
	146.	Whatcom	14c. Be	llingham		140.	14e.		
FATHER - NAME	FIRST	м	IDDLE	LAST	MOTHER MA			MIDDLE	LAST
15. Hi	ram	Ro	ss	Barr	16.		Daina		Howard
INFORMANT—NAME									20224
170. Mrs. Gert	rude Ba	arr		_{17b.} 1400	-12th S	treet, B	ellingh	am, Wash	
PART I. DEATI	WAS CAUSE	D BY:		ENTER ONLY	ONE CAUSE PER	LINE FOR (a), (b)), AND (c)]		SETWEEN ONSET AND DEATH
18.	IMMEDIATE	CAUSE	. !		1				5
	(0)	C,	ULINO	me	June	-			;
	DUE TO, OR	AS A CONSEQUENC	E OF:)		455	
WHICH GAVE RISE TO	(b)							APR	8 1971
STATING THE UNDER- LYING CAUSE LAST	DUE TO, OR	AS A CONSEQUENC	E OF:						
	(c)								
PART II. OTHER SIGNIFIC	ANT CONDITI	ONS: CONDITION	S CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO CAUSE	GIVEN IN PART I (Q)	LYES OR NO	F YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH
								19a. NO 1	96
	,	E OF INJURY	MONTH, DAY, YEAR	HOUR	HOW II	NJURY OCCURR	ED CENTER NAT	URE OF INJURY IN P	ART I OR PART II, ITEM 18)
20a.	20Ь	W. 1968	AND TRACES	20ε.	M. 20d.				
INJURY AT WORK			A, STREET, FACTORY,	LOCATION	(STR	EET OR R.F.D. NO.,	CITY OR TOWN	, STATE)	
	20f.			20g.					
20e.			MONTH DAY	YEAR AN	ID LAST SAW HIM/	HER ALIVE ON I	DID NOT VI		URRED AT THE PLACE, ON THE
CERTIFICATION- MOI	NTH DAY	YEAR			MONTH DAY	VEAD BC	DOY AFTER DEATH		
CERTIFICATION - MOI PHYSICIAN: I ATTENDED THE		,	de	200	MONTH DAY	YEAR BO	did n		P .M. TO THE CAUSE(S) STATED.
CERTIFICATION — MOI PHYSICIAN: I ATTENDED THE 210. DECEASED FROM CERTIFICATION — CORON	8 19 ER: ON THE BAS	6 - TO 216.		HOUR OF DE	۶ ک	YEAR BO	d did n	ot 21.4:30	P .M. TO THE CAUSE(S) STATED.
CERTIFICATION MODE PHYSICIAN: I ATTENDED THE 21a. DECEASED FROM	8 19 ER: ON THE BAS	6 7 TO 216		- a 20 er 210	ATH HE	YEAR BO	did n	ot 21.4:30	
CERTIFICATION — MOI PHYSICIAN: 1 ATTENDED THE 210. DECEASED FROM CERTIFICATION — CORON EXAMINATION OF THE BODY AI DEATH OCCURRED ON THE DAT 220. CERTIFIER — NAME (TYPE OR	ER: ON THE BAS ND/OR THE INVE	L TO 21b		- a 20 er 210	۶ ک	YEAR BO	d did n	ot 21e4:30	P • M. TO THE CAUSE(S) STATED. HOUR M. SIGNED (MONTH, DAY, YEAR)
CERTIFICATION— MOI PHYSICIAN: 1 ATTENDED THE 210. DECEASED FROM CERTIFICATION— CORON EXAMINATION OF THE BODY AI DEATH OCCURRED ON THE DATI 220. CERTIFIER—NAME (TYPE OR 230. H. C. PLAG	ER: ON THE BAS NO/OR THE INVE E AND DUE TO TH PRINT)	L TO 21b	DPINION,	HOUR OF DE	2 8 ATH THE M. 22b.	YEAR BC	did n	Ot 21e4:30 YEAR DATE 23c.	P • M. TO THE CAUSE(S) STATED. HOUR SIGNED (MONTH, DAY, YEAR) 3 - 4 - 7
CERTIFICATION— MOI PHYSICIAN: 1 ATTENDED THE 210. DECEASED FROM CERTIFICATION— CORON EXAMINATION OF THE BODY AI DEATH OCCURRED ON THE DAT 220. CERTIFIER—NAME (TYPE OR MAILING, ADDRESS TACERTI	ER: ON THE BAS ND/OR THE INVE AND DUE TO TH PRINT) SDALE	IS OF THE STIGATION, IN MY (IE CAUSE(S) STATED.	STREET OR	HOUR OF DE SIGNATURE 23b. R.F.D. NO.	2 8 ATH THE M. 22b.	YEAR BC	did n	ot 21e4:30	P • M. TO THE CAUSE(S) STATED. HOUR M. SIGNED (MONTH, DAY, YEAR)
CERTIFICATION— MOI PHYSICIAN: 11e. DETENDED THE 11e. DECEASED FROM CERTIFICATION— CORON EXAMINATION OF THE BODY AI DEATH OCCURRED ON THE DAT 270. CERTIFIER—NAME (TYPE OR 230. H. C. P. A. G. MAILING, ADDRESS MELTING, ADDRESS MEL	ER: ON THE BAS NO/OR THE INVE E AND DUE TO TH PRINT) SDALE IFIER ICAL	LO IO 21b 21b 15 OF THE STIGATION, IN ANY CHE CAUSEIS STATED. II MD CENTER	STREET OR	SIGNATURE 23b. R.F.D. NO. J NGHAI	2 8 ATH THE M. 22b M. WN.	YEAR BC	d did n ONOUNCED DEA DAY DEGREE OR T	Ot 21e4:30 YEAR DATE 23c.	P • M. TO THE CAUSE(S) STATED. HOUR SIGNED (MONTH, DAY, YEAR) 3 - 4 - 7
CERTIFICATION— MOI PHYSICIAN: 110. DECEASED FROM CERTIFICATION— CORON EXAMINATION OF THE BODY AI DEATH OCCURRED ON THE DAT 270. CERTIFIER—NAME (TYPE OR 230. J. C. P. A. G. MAILING, ADDRESS CERT 231. C. P. CERTIFIER—SAME (TYPE OR AND CORON MAILING, ADDRESS CERT 231. C. P. CERTIFIER BURIAL, CREMATION, REA	ER: ON THE BAS DO/OR THE INVE AND DUE TO THE PRINT! SDALE IFIER ICAL	IO 21b 10 21b 15 Of THE RESIDENT FOR THE RESIDENT	STREET OR E CREMATORY	SIGNATURE 23b. R.F.D. NO. , INGHAI	2 8 ATH THE M. 22b M. WN.	YEAR BC 21 21 21 E DECEDENT WAS PR MONTH	d did n ONOUNCED DEA DAY DEGREE OR T	ot 21e4:30 VEAR STATE OR TOWN	OF MY KNOWLEGGE, DUE HOUR SIGNED (MONTH, DAY, YEAR) ZIP
CERTIFICATION— MOI PHYSICIAN: 1 ATTENDED THE 210. DECEASED FROM CERTIFICATION— CORON EXAMINATION OF THE BODY AI DEATH OCCURRED ON THE DATI 270. MAILING ADDRESS MET 1 33d. CREMATION, REA CSPECIFY; 240. CREMATION, REA (SPECIFY) 240. CREMATION CREM	ER: ON THE BASE ON THE BASE AND DUE TO THE PRINT! SDALE IFIER ICAL NOVAL ON DAY YEAR!	IO 21b IS OF THE STIGATION, IN MY CIE CAUSEIS) STATED. II MD CENTER CEMETERY OF 24b Gre FUNERAL HO	STREET OR BELLE CREMATORY— enacres	SIGNATURE 236. R.F.D. NO. J. I. N.G. H.A. I. NAME Cremator D. ADDRESS	M 22b M 22b W N . Vy 24c L STREET OR R.F.D	YEAR BC	d. did n ONOUNCED DEA DAY DEGREE OR T	ot 21e4:30 YEAR THE DATE 23c. STATE OR TOWN LINTY WA	OF MY KNOWLEGGE, DUE HOUR SIGNED (MONTH, DAY, YEAR) ZIP STATE AShington
CERTIFICATION— MOI PHYSICIAN: 1 ATTENDED THE 210. DECEASED FROM CERTIFICATION— CORON EXAMINATION OF THE BODY AI DEATH OCCURRED ON THE DATI 220. CERTIFIER—NAME (TYPE OR 230. H. C. PAG MAILING ADDRESS MET D BURIAL, CREMATION, REA (SPECIEY) 240. Crematic	ER: ON THE BASE HOLOGO THE BASE HOLOGO THE BASE HAND DUE TO THE PRINT! SDALE IFIER OVAL DAY YEAR 1971	IO 21b IS OF THE STIGATION, IN MY CIE CAUSEIS) STATED. II MD CENTER CEMETERY OF 24b Gre FUNERAL HO	PINION, PELL CREMATORY— enacres ME—NAME AN ES FUNER	SIGNATURE 236. R.F.D. NO. J. I. N.G. H.A. I. NAME Cremator D. ADDRESS	M. 22b M. WN. VN. VN. STREET OR R.F.O. 322 E.	YEAR BC	d did n ONOUNCED DEA DEGREE OR T CITY COM COI WN, STATE, ZIP St., Bel	ot 21e4:30 YEAR THE DATE 23c. STATE OR TOWN LINTY WA	OF MY KNOWLEGGE, DUE HOUR SIGNED (MONTH, DAY, YEAR) 2 - Y - 7 ZIP STATE 1 shington Wash .98225
	ETC. (SPECIFY) 4. White CITY, TOWN, OR LOCATION 7b. Bellingh STATE OF BIRTH (IF NOT IN 8. Oregon SOCIAL SECURITY NUMBER 12. 531-12-103 RESIDENCE—STATE 140. Washington FATHER—NAME 15. Hi INFORMANT—NAME 170. Mrs. Gert PART I. DEATH 18. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LOST STATE ACCIDENT, SUICIDE, HOM OR UNDETERMINED (SPECIFICAL) ACCIDENT, SUICIDE, HOM OR UNDETERMINED (SPECIFICAL) ACCIDENT, SUICIDE, HOM OR UNDETERMINED (SPECIFICAL) TOB. INJURY AT WORK	4. White CITY, TOWN, OR LOCATION OF DEATH 7b. Bellingham STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Oregon 8. Oregon SOCIAL SECURITY NUMBER 12. 531-12-1036 RESIDENCE—STATE COUNTY 140. Washington 14b. FATHER—NAME FIRST 15. Hiram INFORMANT—NAME 176. Mrs. Gertrude Ba PART I. DEATH WAS CAUSE 18. IMMEDIATE CAUSE (ID), STATING THE UNDER-LYING CAUSE (ID), STATING THE UNDER-LYING CAUSE LAST CONDITIONS, IF ANY, WHICH GAVE RISE (ID) IMMEDIATE CAUSE (ID), STATING THE UNDER-LYING CAUSE LAST CONDITIONS, IF ANY, WHICH GAVE RISE (ID) IMMEDIATE CAUSE (ID) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 206. 206 INJURY AT WORK PLACE OF INJ	ETC. (SPECIFY) 4. White CITY, TOWN, OR LOCATION OF DEATH 7b. Bellingham STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Oregon SOCIAL SECURITY NUMBER 12. 531-12-1036 RESIDENCE—STATE 130. BG RESIDENCE—STATE COUNTY 140. Washington 14b. Whatcom FATHER—NAME FIRST M TINFORMANT—NAME 170. Mrs. Gertrude Barr PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCY STAND OF THE SIGNIFICANT CONDITIONS: CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 200. INJURY AT WORK PLACE OF INJURY AT HOME, FARM PLACE OF INJURY AT HOME, FARM	ETC. (SPECIFY) 4. White CITY, TOWN, OR LOCATION OF DEATH 7b. Bellingham STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Oregon SOCIAL SECURITY NUMBER 12. 531-12-1036 130. Bartender RESIDENCE—STATE COUNTY 140. Washington 14b. Whatcom 14c. Be FATHER—NAME FIRST MIDDLE TINFORMANT—NAME INMEDIATE CAUSE (a) COUNTING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO, STATING OF UNCERTAINED (SPECIFY) COR UNDETERMINED (SPECIFY) ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20b. INJURY AT WORK PLACE OF INJURY AT HOME, FARM, STREET, FACTORY PLACE OF INJURY AT HOME, FARM, STREET, FACTORY	ETC. (SPECIFY) 4. White CITY, TOWN, OR LOCATION OF DEATH 7b. Bellingham TARRIED, NO STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Oregon SOCIAL SECURITY NUMBER 12. 531-12-1036 130. Bartender & Cook RESIDENCE—STATE COUNTY 140. Washington 14b. Whatcom 14c. Bellingham TOWN, OR LOCATION FATHER—NAME FIRST MODULE LAST TOPOGRAMAN—NAME TOWN, OR LOCATION 14b. Whatcom 14c. Bellingham TOWN, OR LOCATION MARRIED, NE WORKING LIFE, EVEN IF RETIRED 130. Bartender & Cook CITY, TOWN, OR LOCATION 14c. Bellingham TOWN, OR LOCATION MAILING ADE 15. Hiram ROSS Barr TOWN, OR LOCATION 14c. Bellingham MAILING ADE 17c. NO 14d. Bellingham TOWN, OR LOCATION 14d. Bellingham ACCIDENT, SUICIDE, HOMICIDE, OR AS A CONSEQUENCE OF: 17d. DUE TO, OR AS A CONSEQUENCE OF:	ETC. (SPECIFY) 4. White 56. 75 58. MOS. DATS MOURS MIN. (S. Feb.) 57. NO 78. DOA What. 79. Bellingham STATE OF BIRTH (IF NOT IN U.S.A., NAME CITIZEN OF WHAT COUNTRY) 8. Oregon 50. USA 50. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8. Oregon 50. USA 50. Married 60. Mar	ETC. (SPECIFY) 4. White 5. 75 5. 5. 75 5. 5. 75 5. 5.	BECLIC SPECIFY) 4. White 50. 75 60. 75 60.	RETIDENCE STATE COUNTY What is a serious continues and c