

# CERTIFICATE OF DEATH

Important, so that the relative healthfulness of person aged 10 years or over. If the occupation of the occupation prior to illness. If the deceased person not gainfully employed may be returned as some housework, write housework in answer to in domestic service for wages, however, designly, cook—hotel, etc. For a person who had no

employee," "worker," "operative," etc. Find out as "store," "factory," "mill," etc. State the descriptive titles, as civil engineer, mechanical occupation, as carpenter, painter, machinist, etc. A person who sells goods should be called a

y, or complication which causes death, not the e name the disease or injury causing death. As al cause and any important complication of the rincipal cause, name other important diseases

## Example II

Principal Cause of Death and related importance in order of onset were	Date of onset
Epilepsy	1 week ago
street car	1 week ago
	3 days ago
RY CAUSES of importance not related cause:	6 weeks ago

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

## MENTS BY PHYSICIAN

## PLACE OF DEATH

County of Douglas  
City or Town of Waterville

Registration Dist. No. RX 3

Length of residence in city or town where death occurred 5.5 yrs.

How long in U. S., if of foreign birth? 5.5 yrs.

PLACE OF RESIDENCE: State Wash

City or Town Waterville

FULL NAME Ena Etta Wilcox

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4. Color or Race W 5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Horace Wilcox

DATE OF BIRTH (month, day, and year) Aug 10 1859

AGE Years 80 Months 0 Days 11 If LESS than 1 day, hrs. or mins.

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

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation 66 yrs

BIRTHPLACE (city or town and State or country) W. Wis.

13. NAME Isaac Brown

14. BIRTHPLACE (city or town and State or country) Ohio

15. MAIDEN NAME Margarette Byers

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

INFORMANT (name and address) Geo Wilcox Waterville

BURIAL, CREMATION, OR REMOVAL Place Waterville Date Aug 25 1939

UNDERAKER (name and address) 6 M Thomas Waterville

FILED Aug 24, 1939 8 M Thomas Registrar

## WASHINGTON STATE DEPARTMENT of HEALTH

## DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Record No. 21

Registered No. 1

St. Waterville Ward 1

mos. 5.5 days.

mos. 5.5 days.

mos. 5.5 days.

mos. 5.5 days.

County Douglas

No. 422 Street 422

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 23 1939

22. I HEREBY CERTIFY That I attended deceased from March 7 1939, to Aug 22 1939

I last saw her alive on Aug 22 1939; death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic Colitis with

persistent diarrhea

& anorexia

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 193

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public places:

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) B. J. Ellis M.D.

(Address) Waterville Wash