

RETURN OF A DEATH.

County Innohomish

Town _____

Village _____

City _____

STATE

OF

WASHINGTON.

NO. OF RECORD.

NO. OF BURIAL PERMIT.

NO INCOMPLETE RETURN WILL BE ACCEPTED.

1. Name, in full

Unknown

2. Color:

White.
Black (Negro or mixed).
Indian.
Chinese.
Japanese.

3. Sex:

Male.
Female.

4. Conjugal Condition.

Single.
Married.
Widowed.
Divorced.

not known

NOTE.—For questions 2, 3 and 4, strike out words not applicable.

5. Date of Death.

Year 1901
Month Aug
Day About Aug 1 - 1901

6. Of Birth.

Year _____
Month _____
Day _____

7. Age.

Years About 50
Months _____
Days _____

8. Occupation

not known

(Return occupation for all persons 10 years of age and over.)

9. Place of Birth

10. Birthplace of Father

11. Birthplace of Mother

STATE OR COUNTRY.

12. Disease or Cause of Death.

Chief Cause

Drowned

Contributing Cause

probably whiskey

Place where disease was contracted, if other than place of death

DURATION.

13. Place of Death: No

Street,

Ward.

If death occurred in an Institution, give the name of same

Length of time deceased was an inmate

and previous residence

14. Late Residence

Length of residence (in city or town)

Undertaker

G. H. B. Aftman

Place of interment

Old Cemetery Innohomish

Signature

G. H. B. Aftman

(Of physician or informant.)

Date of Certificate

Aug 9

1901

borow

MARGIN RESERVED FOR BINDING.
FILL OUT WITH INK ONLY, AND WRITE PLAINLY.