S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 4832.

PLACE OF DEATH

Washington State Board of Health

Record No. 109

County of Snohomish

BUREAU OF VITAL STATISTICS

Registered No.

City or Town of Tulalip, Wn.

CERTIFICATE OF DEATH

108

Registration Dist. No. R-11 No. ....., (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Jesse Charles - 03-642-744

(a) Residence No. Tulalip Res'n St.; (Usual place of abode)

(b) If non-resident, give city or town, and state

(c) How long in Registration Dist. ....yrs. ....mos. ....ds.; how long in U. S. if of foreign birth ....yrs. ....mos. ....ds.

Personal and Statistical Particulars

3. Sex: male
4. Color or Race: Indian
5. Single, Married, Widowed or Divorced (Write the word):

5. (a) If married, widowed or divorced:
Husband of ....
or
Wife of ....

6. Date of birth: December (Month) 24 (Day) 1931 (Year)

7. Age: 2 yrs. 3 mos. 3 ds. If less than one day hrs. ....or min. ....

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work - ---
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. Birthplace (City or town) ....
(State or country) Washington

PARENTS

10. Name of Father: Jospeh Charles
11. Birthplace of Father (City or town) (State or Country): Washington
12. Maiden name of Mother: Nora Jimmicum
13. Birthplace of Mother (City or town) (State or Country): Washington

14. Informant: Office records
Address: Tulalip, Wn.

15. Filed 3-30-34, 192.... O.C.Upchurch Registrar.

Medical Certificate of Death

16. Date of death 3-27-34 (Month) (Day) ....., 192.... (Year)

17. I HEREBY CERTIFY, That I attended deceased from 2-1-34, 192...., to 3-27-34, 192.... that I last saw him alive on 3-27-34, 192.... and that death occurred on the date stated above, at 3:15 P.M.

(State the disease causing death, or in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL SUICIDAL or HOMICIDAL).

The CAUSE OF DEATH was as follows:

(Primary) Broncho-Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Whooping cough

(Duration) ....yrs. 2 mos. ....ds.

18. Where was disease contracted If not at the place of death?

(a) Did an operation precede death? Date of

(b) Was there an autopsy?

(c) What test confirmed diagnosis?

(Signed) [signature] M. D.

192.... Address

19. Place of Burial, Cremation or Removal: Mission Beach
Date of Burial: 3-29-34, 192....

20. Undertaker: relatives
Address

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions ..... (Insert numbers of unanswered questions)

(Signature of Undertaker)

126
138 R78
4#7