DF DEATH

that the relative healthfulness of
ed 10 years or over. If the occu-
the occupation prior to illness. If
Children not gainfully employed
s that of home housework, write
erson engaged in domestic service
per—private family, cook—hotel,

"worker," "operative," etc. Fir

ore," "factory," "mill," etc. Stat
n mill, etc.
scriptive titles, as civil enginee
aborer" when a more precise stat
e the exact occupation, as carpe
holesale merchants. A person wh

mplication which causes death, n
name the disease or injury causi
principal cause and any importa
lated to principal cause, name oth

Example II

OF DEATH and related order of onset were as

	Date of ons
	1 week
	1 week
	3 days
	6 weeks

of importance, not re-

uses should be given in the orde
first, second, or third position.
ven.

PHYSICIAN

1. PLACE OF DEATH

County of Whatcom **Washington State Board of Health** Record No.

City or Town of Ferndale **BUREAU OF VITAL STATISTICS** Registered No. 37

CERTIFICATE OF DEATH

Registration Dist. No. R 2 No. Ferndale Route 2 St., Ward

(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 47 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Florence A. Chichester 13-223-1X-VX

(a) Residence: No. Ferndale Route 2 St., Ward.

(Usual place of abode) (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Chichester

DATE of BIRTH (month, day, and year) Feb 8 1847

AGE Years 88 Months 5 Days 18 If LESS than 1 day, hrs, or min.

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

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

10. Date deceased last worked at this occupation (month and year) May 1935 11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country) Vermont

13. NAME Albert Lambkin

14. BIRTHPLACE (city or town) (State or country) [no record]

15. MAIDEN NAME

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

INFORMANT (Address) Emmett Chichester Ferndale Route 2

BURIAL, CREMATION, OR REMOVAL Date July 29, 1935

UNDERTAKER George Monroe

(Address) Ferndale Wash

FILED 7-29, 1935 P. V. Drake Registrar

No. 825—1933, 1633.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4/ 1935 to July 26 1935

I last saw h[illegible] alive on 7/23/35, 1935, death is said to have occurred on the date stated above, at 12 noon.

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

	Date of onset
Cholecystitis Chronic with Gallstones Abscess of Liver	
Contributory causes of importance not related to principal cause: Acute Cholecystitis. Serial No.	

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes.

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

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

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

If so, specify

(Signed) C. J. Hoved, M. D.

(Address) Ferndale, Wash.