

we healthfulness of
 If the occupation
 ess. If the deceased
 may be returned as
 work in answer to
 es, however, desig-
 person who had no

ative," etc. Find out
 mill," etc. State the

engineer, mechanical
 ment of the occupa-
 inter, machinist, etc.
 should be called a

causes death, not the
 y causing death. As
 complication of the
 important diseases

related	Date of onset
were	
	1 week ago
	1 week ago
	3 days ago
related	
	6 weeks ago

given in the order
 or third position. The

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Centralia City or Town Centralia Registration Dist. No. 315 No. Hylding St. Hylding Ward 342

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. PLACE OF RESIDENCE: State Washington County Grays Harbor
 (If not same as place of death)
 CITY OR TOWN Centralia No. 315 Street Hylding

3. FULL NAME Fred Arba Stilson

PERSONAL AND STATISTICAL PARTICULARS

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

6. If married, widowed, or divorced, name of HUSBAND or WIFE Rosa B Stilson

DATE OF BIRTH (month, day, and year) 58 11 16

AGE Years Months Days 11 LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shingle Weaver

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shingle Mill

9. Date deceased last worked at this occupation (month and year) 1932

10. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) Philomath (State or country) Oregon

11. NAME William Stilson

12. BIRTHPLACE (city or town) New York (State or country)

13. MAIDEN NAME Virginia Hartless

14. BIRTHPLACE (city or town) Philomath (State or country) Oregon

INFORMANT Mrs. Rosa Stilson (Address) Centralia

MANNER OF DEATH, OR REMOVAL Greenwood Date 12/5/37

UNDERTAKER Sticklin's Mortuary (Address) Centralia

FILED 19 20 Registrar E. D. Taylor M.D.

No. 825-1935. 3872.

Record No. 419
 Registered No. 127

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 5 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to Dec 5 1937

I last saw him alive on Dec 4 1937, death is said to have occurred on the date stated above, at Centralia

The principal cause of death and related causes of importance in order of onset were as follows:
Chronic degenerative arthritis with
regurgitation +
decompensation

Date of onset 1933

Contributory causes of importance not related to principal cause:
Chronic myocarditis 1933

Name of operation None Date of None

What test confirmed diagnosis? Physioid 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 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 Elmer L. Baur, M.D.
 (Signed) Centralia Wash
 (Address)