Deliver This Certificate to Your Local Registrar. Not to the State Board of Health.

PLACE OF DEATH

Washington State Board of Health

Record No. 177

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of Whatcom

City or Town of Bellingham

Registered No. 177

Registration Dist. No. ...... (No. 1705 24 St.; ...... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under Item 18.]

FULL NAME Hendry Oeser

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

Personal and Statistical Particulars

3 Sex: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (Write the word): Married

6 Date of Birth: Feb. 14-1916 (Month) (Day) (Year)

7 Age: 70 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or ......min?

8 Occupation
(a) Trade, profession or particular kind of work: Mill wright
(b) General nature of industry, business or establishment in which employed (or employer)

9 Birthplace (State or country): Germany

PARENTS

10 Name of Father: Peter Oeser

11 Birthplace of Father (State or country): Germany

12 Maiden name of Mother: Annie Peterson

13 Birthplace of Mother (State or country): Germany

14 The above is true to the best of my knowledge

(Informant) Henry Oeser

(Address) Bellingham

15 Filed 9-22-1916, 191.. W. W. Ballaine, Registrar.

Medical Certificate of Death

16 Date of Death: 9-20-1916 (Month) (Day), 191.. (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3-3-1916, 191.., to 9-20-1916, 191.., that I last saw h.. alive on 9-19-1916, 191.., and that death occurred, on the date above, at 10.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. ......mos. ......ds.

Contributory (Secondary) ......

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

(Signed) M. A. Compton, M.D.

9-21, 191.. (Address) Bellingham

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)

At Place of death 30 yrs. ......mos. ......ds. In the State 40 yrs. ......mos. ......ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 Place of Burial or Removal: Bellingham

Date of Burial: 9-22-1916, 191..

20 Undertaker: Harry O. Bingham

Address: Bellingham

I HEREBY CERTIFY, That I have been unable to secure answers to Questions ...... (Insert numbers of unanswered questions)

(Signature of Undertaker)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH ... Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Revised Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g. Farmer or Planter, Physician, ...

... disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds.