

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
BUREAU OF VITAL STATISTICS

3454

TYPE, OR PRINT IN  
PERMANENT INK

LOCAL FILE NUMBER

82

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. ALICE VINCENT FENTON					2. Female	3. FEBRUARY 2, 1976	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 86		5b. MOS. DAYS		6. Sept. 22, 1889	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. Winslow-Bainbridge Island		7c. Yes		7d. Winslow Convalescent Center			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8 Montana		9. USA		10. Divorced		11. - - - - 4/23	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 538-22-2791		13a. (ret.) Culinary Worker		13b. Puget Sound Naval Shipyard			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. Washington		14b. Kitsap	14c. Bremerton		14d. Yes		14e. 704 Chester Ave.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. George				May	16. Laura - McWatters		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Jack W. May (nephew)				17b. 201B South State-Bellingham, Washington 98225			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
18. IMMEDIATE CAUSE							
(a) <i>Arterio-sclerotic Heart disease</i>							
DUE TO, OR AS A CONSEQUENCE OF:							
(b)							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	
						19a. No	
						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
						19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c. M.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW <del>86</del> / HER ALIVE ON	
21a. I ATTENDED THE		21b. 9, 1976		21c. Feb 1, 1976		21d. did	
21a. DECEASED FROM		21b. Feb 2, 1976		21c. Feb 1, 1976		21d. did	
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.							
22a.							
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OR TITLE	
23a. ROBERT R. SCRIBNER, MD				23b. <i>Robert R. Scribner, M.D.</i>		23c. 2/4/76	
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.		CITY OR TOWN	
23d. Winslow P.O. Box 10787				-		Bainbridge Island, Washington	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. Cremation		24b. Arthur A. Wright & Co.		24c. Seattle, Washington		STATE	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Feb. 2, 1976		25a. Owyen Funeral Home—P.O. Box 10037-Bainbridge Island, Wash. 98110					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		26b. FEB 10 1976	
25b. <i>Barbara M. Curran</i>		25c. <i>Shirley Benjamin, Jr.</i>		26a.		26b.	