OF 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. Find

ore," "factory," "mill," etc. State
n mill, etc.
scriptive titles, as civil engineer,
aborer" when a more precise state-
e the exact occupation, as carpen-
olesale merchants. A person who

mplication which causes death, not
name the disease or injury causing
principal cause and any important
ated to principal cause, name other

Example II—

OF DEATH and related order of onset were as	Date of onset
	1 week ago
	1 week ago
	3 days ago
of importance not re-	
	6 weeks ago

uses should be given in the order of
first, second, or third position. The
en.

PHYSICIAN

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 48

Registered No. 6

1. PLACE OF DEATH
County of Whatcom
City or Town of Blaine
Registration Dist. No. —/— No. _____ 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 49 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James C. Bertrand 636

(a) Residence: No. _____ St., _____ Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: M. A. Bertrand
6. DATE of BIRTH (month, day, and year): Sept. 2 - 1829
7. AGE: Years 103 Months 5 Days 11 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Sept. 1916
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ill

FATHER
13. NAME: Bertrand
14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): J. C. Bertrand Jr, Blaine, Wn
18. BURIAL, CREMATION, OR REMOVAL
Place: Blaine Cem. Date: 2-16, 1933
19. UNDERTAKER (Address): E. E. Purdy & Sons Inc
20. FILED 2-13, 1933 Mrs. V. B. Nuell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb. 13, 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 to Feb. 13, 1933
I last saw h— alive on Feb. 13, 1933 death is said to have occurred on the date stated above, at 7:35 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Influenza;	2/11/33

Contributory causes of importance not related to principal cause:

Senilely;

Name of operation None Date of None
What test confirmed diagnosis? History 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 _____
(Signed) C. S. Hood & Co Corey, M. D.
(Address) Ferndale, Wash.

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 10562.