# Washington State Board of Health

## BUREAU OF VITAL STATISTICS
## CERTIFICATE OF DEATH

Record No. 205

Registered No. 19

PLACE OF DEATH

County of Snohomish

City or Town of Monroe

Registration Dist. No. 8 No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Frank Michael Jimicum 5-25

(a) Residence No. So Blakeley St.;
(Usual place of abode)

(b) If non-resident, give city or town, and state ____

(c) How long in Registration Dist. 18 yrs. 6 mos. 23 ds.; how long in U. S. if of foreign birth ____ yrs. ____ mos. ____ ds.

### Personal and Statistical Particulars

| 3. Sex | 4. Color or Race | 5. Single, Married, Widowed or Divorced (Write the word) |
|---|---|---|
| male | Indian | Single |

5. (a) If married, widowed or divorced:
Husband of ____
or
Wife of ____

| 6. Date of birth | | |
|---|---|---|
| January (Month) | 15 (Day) | 1903 (Year) |

| 7. Age | | | If less than one day |
|---|---|---|---|
| 18 yrs. | 6 mos. | 23 ds. | hrs. ____ or min. ____ |

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer Monroe

9. Birthplace (City or town) Monroe
(State or country) Wash

PARENTS

10. Name of Father John Jimicum
11. Birthplace of Father (City or town) Snohomish Cy
(State or Country) Wash.
12. Maiden name of Mother Mary George
13. Birthplace of Mother (City or town) Snohomish Cy
(State or Country) Wash

14. Informant Monroe Wash
Address Mrs Emma Jimicum

15. Filed Aug 9, 1921 E T Bascom Registrar.

### Medical Certificate of Death

16. Date of death August (Month) 8 (Day), 1921 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1921, to ____, 192____ that I last saw h alive on Aug 7, 1921 and that death occurred on the date stated above, at 11:45 P. m.
(State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL).
The CAUSE OF DEATH was as follows:

READ DETAILS ON OTHER SIDE

(Primary) Pulmonary Tuberculosis
(See 1 and 3 other side)
? 31
(Duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(Secondary) ____
(See 2 other side)
(Duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at the place of death? ____
(a) Did an operation precede death? No Date of ____
(b) Was there an autopsy? No
(c) What test confirmed diagnosis? ____
(Signed) H. K. Rockwell M. D.
____, 192____ Address Monroe Wash

| 19. Place of Burial, Cremation or Removal | Date of Burial |
|---|---|
| Stretch's Monroe Wash | August 10, 1921 |

| 20. Undertaker | Address |
|---|---|
| Purdy & Stone | Monroe, Wash |

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions ____
(Insert numbers of unanswered questions)

R. L. P. (Signature of Undertaker)

SEP 6 1921

STATEMENT OF CAUSE OF DEATH

The attention of all persons authorized by law to sign death certificates is courteously directed to the following synopsis regarding said DEATH CERTIFICATES:

Moreover, please permit us to say that these are the laws of the State of Washington, and not the vagaries or personal idiosyncrasies of the State Commissioner of Health. The law makes it incumbent upon the State Board of Health to secure this information and provides a penalty for our failure to do so; it also makes it obligatory upon you to furnish, without delay, accurate and complete answers to all relevant questions and prescribes a penalty for your not complying with the law.

(1) Name first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation.) The contributory (secondary, or intercurrent) affection need not be stated unless important.

Example: Measles (disease causing death)—29 ds; Bronchopneumonia (secondary)—10 ds.

(2) For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL.

Example: Gunshot wound in head—homicide; poisoned by carbolic acid—probably suicide.

(3) For OCCUPATION is very important. See instructions on back of certificate.

PHYSICIANS Exact statement EXACTLY. Unless stated in plain terms, so that it may be properly classified.