TE OF DEATH

so that the relative healthfulness
n aged 10 years or over. If the oc
ort the occupation prior to illness,
ent. Children not gainfully emplo
n was that of home housework, w
r a person engaged in domestic ser
ekeeper—private family, cook—ho

oyee," "worker," "operative," etc.

as "store," "factory," "mill," etc.
cotton mill, etc.
ull descriptive titles, as civil engi
rm "laborer" when a more precise
ut give the exact occupation, as car
and wholesale merchants. A person

, or complication which causes death
cause name the disease or injury ca
to the principal cause and any impe
not related to principal cause, name

Example II

CAUSE OF DEATH and related
nce in order of onset were as

	Date of
	1 wee
sy	1 wee
eet car	8 day
CAUSES of importance not re-
pal cause:	6 wee

ses, the causes should be given in the
in either first, second, or third positio
d cause given.

MENTS BY PHYSICIAN

PLACE OF DEATH

WASHINGTON STATE DEPARTMENT of HEALTH

Record No. 1257

County of Spokane

DIVISION OF VITAL STATISTICS

Registered No. 1281

City or Town of Spokane

CERTIFICATE OF DEATH

Registration Dist. No. ..... No. 704 E. Wabash 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 ..... 20 yrs. ..... mos. ..... days.

How long in U. S., if of foreign birth? ..... 71 yrs. ..... mos. ..... days.

PLACE OF RESIDENCE: State Washington ..... County Spokane

(If not same as place of death)

City or Town Spokane ..... No. 704 E. Wabash ..... Street

FULL NAME Carrie M. Battleson 342

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lewis

DATE OF BIRTH (month, day, and year) July 11, 1858

Years	Months	Days	If LESS than 1 day,
79	2	21	..... hrs. or ..... mins.

Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Home

Date deceased last worked at this occupation (month and year) Sept, 1937

11. Total time (years) spent in this occupation 55 yrs

BIRTHPLACE (city or town and State or country): Norway

NAME: Hans H. Ekness

BIRTHPLACE (city or town and State or country): Norway

MAIDEN NAME: Laura Gulfis

BIRTHPLACE (city or town and State or country): Norway

INFORMANT (name and address): J.V. Hicks, Spokane, Wash

BURIAL, CREMATION, OR REMOVAL: Riverside Date 10-5-37, 193

UNDERTAKER (name and address): Hahn & Jaeger, Spokane, Wash

Filed ..... 193 Permit issued Mc Closkey Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1937 to Oct 2, 1937

I last saw her alive on Oct 2, 1937; death is said to have occurred on the date stated above, at 10 PM.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pneumonia Lobar	9/29/37
	5 D
Other contributory causes of importance: Arteriosclerosis	10 yrs

Name of operation ..... Date of ..... What test confirmed diagnosis? Signs findings 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 193

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) J. J. Burns MD

(Address) Spokane Wn.