

FEDERAL SECURITY AGENCY
U. S. P. H. S.
National Office of Vital Statistics

Washington State Department of Health
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

State File No. 12811
Registrar's No. 253

1. PLACE OF DEATH: Whatcom
(a) County Whatcom
(b) City or town Bellingham
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Home 2438 - Elm St
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community (Years, months or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Wash (b) County Whatcom
(c) City or town Bellingham
(If outside city or town limits, write RURAL)
(d) Street No. 2438 - Elm
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) FULL NAME Hiram Millett
3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? No Name of organization in which such service was rendered _____
Rank _____ Period of service _____

3. (c) Social Security Number None

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy 6(c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 - 13 - 1856
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
91 9 17 hr. min.

9. Birthplace Unknown Illinois
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Joseph Millett

13. Birthplace New York, N. York
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adrian F. Millett

(b) Address Bellingham Wash

17. (a) Burial (b) Date thereof 8 - 3 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saxon Cem
Bellingham - Bahlquist

18. (a) Signature of funeral director By A. W. Allen

(b) Address Bellingham Wash

19. (a) AUG 4 1948 (b) A. Garner Wright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month 7 day 30
year 1948 hour 9 minute 55 PM

21. I hereby certify that I attended the deceased from April, 1948, to July 30, 1948;
that I last saw him alive on July 29, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach Duration 2 hrs

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Of autopsy _____

Physician

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature Carl C. Hall (M. D. or other)

Address Casta Date signed 8-4-48