Deliver This Certificate to Your Local Registrar. Not to the State Board of Health.

368

Washington State Board of Health

CERTIFICATE OF DEATH

PLACE OF DEATH

Record No.

County of Whatcom

Registered No. 338

City or Town of Bellingham No. St. Joseph's Hospital

Registration Dist. No. 11 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Geo. Everett Randolph 53A Van Zandt Wn

(If nonresident give city or town and State)

(a) Residence. No. St.

(Usual place of abode)

Length of residence in Registration Dist. yrs. mos. 12 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	white	single

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

6 Date of Birth (month, day, and year) Dec 25 1897

7 Age	Years	Months	Days	If less than 1 day, ___ hrs. or ___ min.
	20	11	21	

8 Occupation of Deceased
(a) Trade, profession, or particular kind of work U. S. Nav. Marine
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 Birthplace (city or town) Everett
State or country) Wash

PARENTS

10 Name of Father John W. Randolph

11 Birthplace of Father (city or town) Boston
(State or country) Mass

12 Maiden name of Mother Jessie F. Kincaid

13 Birthplace of Mother (city or town) Chippewa
(State or country) Minn

14 Informant Jessie F. Riley
(Address) 1 Van Zant Wn

15 Filed Dec 16 1918 W W Ballaine Registrar.

MEDICAL CERTIFICATE OF DEATH

16 Date of Death Dec (Month) 16 (Day) 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 12/9, 1918, to 12/16, 1918, that I last saw him alive on 12/16, 1918, and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

7 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Seattle

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bloody Sputum

(Signed) J. Reid Morrison, M. D.

12/17, 1918 (Address) Bellingham

* 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. (See reverse side for additional space.)

19 Place of burial, cremation, or removal	Date of burial
Bellingham	12/22 1918
20 Undertaker	Address
Harry O Bingham	Bellingham

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e.g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of