State Form No. 825—1921. Approved by Dept. of Efficiency.

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 15

Registered No. 5

PLACE OF DEATH

County of Kitsap

City or Town of Bremerton

Registration Dist. No. 1 No. ______ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Joseph P. Galbraith 416

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

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

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

Personal and Statistical Particulars

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (Write the word): Widowed

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

6. Date of birth: April, (Month) 6 (Day) 1840 (Year)

7. Age 83 yrs. 9 mos. 18 ds. If less than one day ___ hrs. or ___ min.

8. Occupation of deceased: (a) Trade, profession, or particular kind of work: Retired Imigration Inspector,
(b) General nature of industry, business, or establishment in which employed (or employer) ______
(c) Name of employer: U.S.Government

9. Birthplace (City or town) (State or Country): Tenn.

PARENTS

10. Name of Father: William Galbraith

11. Birthplace of Father (City or town) (State or Country): Tenn.

12. Maiden name of Mother: Sarah Cobb

13. Birthplace of Mother (City or town) (State or Country): Tenn. ?

14. Informant: Victor Galbraith,
Address: Albany, Oregon.

15. Filed Jan. 24, 1924 Mabel Polk Registrar.

Medical Certificate of Death

16. Date of Death: January, 24-1924. (Month) (Day) 1924 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1924 to Jan 28 1924
that I last saw him alive on Jan 23, 1924
and that death occurred on the date stated above at 7:30 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:

(Primary) General debility + fall some two weeks ago
(Duration) ___ yrs. 48 mos. ___ ds.

CONTRIBUTORY (Secondary) Cancer
(Duration) 2 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) T. H. Holmes M.D.

1-24, 1924 Address Bremerton

19. Place of Burial, Cremation or Removal: Albany, Oregon.
Date of Burial: 1-25-1924
Address ______

20. Undertaker: Fred R. Lewis, Bremerton, Wash.
(Signature of Undertaker)

FEB 1924

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

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PERMANENT RECORD.