

## VITAL RECORDS

## CERTIFICATE OF DEATH

LOCAL FILE NUMBER		1. NAME - FIRST, MIDDLE, LAST		2. SEX		3. DEATH DATE (MO DAY YR)		146-81 24659			
ROSS ZIBA LAMKIN		M		Oct. 1, 1981		STATE FILE NUMBER					
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY)		5. AGE - LAST BIRTH- DAY (YRS)		6. UNDER 1 YEAR MOS. DAYS HOURS MINS.		7. UNDER 1 DAY		8. BIRTHDATE (MO DAY YR)		9. COUNTY OF DEATH	
White		77						Dec. 1, 1903		Snohomish	
10. CITY, TOWN OR LOCATION OF DEATH		11. PLACE OF DEATH - CHECK TYPE OF PLACE THEN GIVE ADDRESS OR INST NAME 1 AT SCENE 2 IN TRANSPORT 3 EMERG ROOM 4 HOSPITAL 5 NURSING HOME		12. RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED?		13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY)		14. CITIZEN OF WHAT COUNTRY		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	
Monroe		Valley General Hospital		Yes YES/NO		Washington		USA		Widowed	
16. SOCIAL SECURITY NO		17. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.)		18. SPOUSE (IF WIFE GIVE MAIDEN NAME)		19. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)		20. KIND OF BUSINESS OR INDUSTRY		21. RESIDENCE - NUMBER AND STREET	
535-01-1666 A		Shingle Weaver		Mae Smith		No		Shingle Mill		1018 13th Street	
22. CITY/TOWN, OR LOCATION		23. INSIDE CITY LIMITS? (YES/NO)		24. COUNTY		25. STATE		26. FATHER - NAME FIRST, MIDDLE, LAST		27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST	
Snohomish		Yes		Snohomish		Washington		Thomas Lamkin		Liza Rodin	
28. INFORMANT - NAME		29. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP		30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)		31. DATE (MO DAY YR)		32. CEMETERY/CREMATORY - NAME		33. LOCATION - CITY/TOWN, STATE	
James R. Lamkin		1535 Lakeview Dr., Snohomish, Washington 98290		Cremation		Oct. 1, 1981		Cypress Lawn Crematory		Everett, Washington	
34. FUNERAL DIRECTOR SIGNATURE		35. NAME OF FACILITY		36. ADDRESS OF FACILITY		37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED		38. DATE SIGNED (MO DAY YR)		39. HOUR OF DEATH (24 HRS)	
X Michael Bauer		Bauer Funeral Chapel		Snohomish, Washington		SIGNATURE		October 1, 1981		0920	
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		41. ON THE BASIS OF EXAMINATION AND OR INVESTIGATION, IN YOUR OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		42. DATE SIGNED (MO DAY YR)		43. HOUR OF DEATH (24 HRS)		44. PRONOUNCED DEAD (MO DAY YR)		45. HOUR PRONOUNCED DEAD (24 HRS)	
Thomas Depuydt, M.D.		14701 179th S.E., Monroe, Washington 98272		X		81-10-713		X			
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)		47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))		48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.		49. AUTOPSY? (YES NO)		50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)		51. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (SPECIFY)	
Thomas Depuydt, M.D.		Cardiac respiratory Arrest -				Yes		Yes		52. INJURY DATE (MO DAY YR)	
53. HOUR OF INJURY (24 HRS.)		54. DESCRIBE HOW INJURY OCCURRED.		55. INJURY AT WORK? (YES/NO)		56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)		57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE		58. REGISTRAR SIGNATURE	
										X	
59. DATE RECEIVED (MO DAY YR)		60. REGISTRAR SIGNATURE		61. DOCUMENTARY EVIDENCE: REVIEWED BY: DATE: ITEM		62. DOCUMENTARY EVIDENCE: REVIEWED BY: DATE: ITEM		63. DOCUMENTARY EVIDENCE: REVIEWED BY: DATE: ITEM		64. DOCUMENTARY EVIDENCE: REVIEWED BY: DATE: ITEM	
OCT 1 - 1981		Clarid Depuydt, M.D., M.P.H.									