S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 4832.

PLACE OF DEATH

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. _____

Registered No. 4297

County of Spokane

City or Town of Medical Lake

Registration Dist. No. 20 No. Eastern State Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Kate Cox

(a) Residence No. Wenatchee Wash.
(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.

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Personal and Statistical Particulars

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (Write the word): widowed

6. (a) If married, widowed or divorced:
Husband of _____
or
Wife of _____

7. Date of birth _____ (Month) _____ (Day) _____ (Year)

8. Age: 13 yrs. _____ mos. _____ ds. If less than one day hrs. _____ or min. _____

9. Occupation of deceased:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

10. Birthplace (City or town) _____
(State or country) Iowa

PARENTS

11. Name of Father: Joseph Crutcher
12. Birthplace of Father (City or town) (State or Country): Kentucky
13. Maiden name of Mother: Louisa Crutcher
14. Birthplace of Mother (City or town) (State or Country): Virginia

14. Informant: Alfred S. Oliver Jr. M.D.
Address: Medical Lake Wash

15. Filed May 16, 1930 John M. Tiehbaer Registrar.

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

_____ (Signature of Undertaker)

Medical Certificate of Death

16. Date of death May 16 (Month) _____ (Day) 1930 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1930, to May 16, 1930 that I last saw her alive on May 16, 1930 and that death occurred on the date stated above, at 3:50 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: 164

(Primary) Exhaustion from senile dementia. 304 X

(Duration) 7 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) none

(Duration) _____ 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) Alfred S. Oliver Jr. M.D.

May 16, 1930 Address Medical Lake Wash

19. Place of Burial, Cremation or Removal: Wenatchee Wash — Date of Burial: May 16, 1930

20. Undertaker: Rogers & Jaeger Co — Address: Spokane Wash