EATH

e relative healthfulness of
ears or over. If the occu-
upation prior to illness. If
en not gainfully employed
of home housework, write
ngaged in domestic service
rivate family, cook—hotel,

ker," "operative," etc. Find

factory," "mill," etc. State
etc.

e titles, as civil engineer,
when a more precise state-
exact occupation, as carpen-
merchants. A person who

tion which causes death, not
the disease or injury causing
pal cause and any important
o principal cause, name other

le II.

rm and related | Date of onset
of onset were as |

	Date of onset
	1 week ago
	1 week ago
	3 days ago
portance not re-	
	6 weeks ago

hould be given in the order of
second, or third position. The

YSICIAN.

124

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Record No.
County of Whatcom — Registered No. 50
City or Town of Bellingham
Registration Dist. No. R-3 — No. County Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Randolph
(a) Residence No. St., Ward.
(Usual place of abode) (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Emma Randolph
6. DATE of BIRTH (month, day, and year): Unknown
7. AGE — Years: 84 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): County Hospital, Bellingham, Wash.
18. BURIAL, CREMATION, OR REMOVAL — Place ? Date May 9, 1933
19. UNDERTAKER (Address): Bingham Dahlquist, Bellingham, Wash.
20. FILED 5/31, 1933 Florence Dwight Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 28th, 1933
22. I HEREBY CERTIFY, That I attended deceased from May 23rd, 1933 to May 28th, 1933
I last saw him alive on May 28th, 1933, death is said to have occurred on the date stated above, at 3 a.m. 93c
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Degenerative heart	
Toxemia	1932
General arteriosclerosis	1925
Contributory causes of importance not related to principal cause:	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Emma K. Cox, M. D.
(Address) Bellingham, Wash.

S. P. No. 825—1932. Approved as to Form by Dept. of Efficiency. 11928