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

PLACE OF DEATH

# Washington State Board of Health

Record No. 197

County of Whatcom.

## BUREAU OF VITAL STATISTICS

Registered No. 74

City or Town of Bellingham.

## CERTIFICATE OF DEATH

Registration Dist. No. R-3. No. _____, _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Edw. D. Hamilton. 54-3

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

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

(c) How long in Registration Dist. 3 yrs. ____ mos. ____ 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 | Married. |

5. (a) If married, widowed or divorced:
Husband of Mrs. Margery Hamilton.
or
Wife of _____

6. Date of birth: March (Month) 5th, (Day) 1850 (Year)

7. Age: 78 yrs. 6 mos. ____ ds. If less than one day ____ hrs. ____ or min.

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

9. Birthplace (City or town) _____
(State or country) Pennsylvania.

PARENTS

10. Name of Father Ira Hamilton.
11. Birthplace of Father (City or town) (State or Country) _____
12. Maiden name of Mother _____
13. Birthplace of Mother (City or town) (State or Country) _____

14. Informant Benj. Hamilton.
Address Box 78- Route 2. Bellingham, Wn.

15. Filed Nov 8, 1928 Thomas Wright, Registrar.

### Medical Certificate of Death

16. Date of death: October (Month) 5th, (Day) 1928. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1928, to Oct 5, 1928, that I last saw him alive on Oct 3, 1928, and that death occurred on the date stated above, at 7:30 A. 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) Dilatation of heart due to arterio sclerosis 90

(Duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) arterio sclerosis

(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? clinical

(Signed) A. Thomson Jones M.D.
Oct 8, 1928. Address Bellingham

| 19. Place of Burial, Cremation or Removal | Date of Burial |
|---|---|
| Whatcom Co. (Woodlawn) | October 8th, 1928. |
| **20. Undertaker** | **Address** |
| Vernal D. Bingham. | Bellingham, Wash. |

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

NOV 1928

(Signature of Undertaker)

Exact statement of OCCUPATION is very important.