

REG. DIST NO. D-1

## CERTIFICATE OF DEATH

REGISTRAR'S NO. //

1. PLACE OF DEATH a. COUNTY Douglas			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Washington b. COUNTY Douglas		
b. CITY, TOWN, OR LOCATION East Wenatchee (rural)		c. LENGTH OF STAY IN 1b 57 years	c. CITY, TOWN, OR LOCATION East Wenatchee (Rural)		
d. NAME OF HOSPITAL OR ROCK ISLAND ROAD INSTITUTION (Rt 5, Wenatchee)			d. STREET ADDRESS Rock Island Road (Rt 5, Wenatchee)		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JESSE Middle ALVIN Last BLOCHER			4. DATE OF DEATH Month February Day 23, Year 1966		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-19-1889	9. AGE (In years last birthday) 76	If Under 1 Year Months Days If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) orchardist		10b. KIND OF BUSINESS OR INDUSTRY fruit		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? US			13. FATHER'S NAME David Blocher		
14. MOTHER'S MAIDEN NAME unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. \$32-18-4345			17. INFORMANT Address Tom D. Blocher, Rt 5, Wenatchee, Wn.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2 Previous episodes of Cerebral Thrombosis. 7-65 + 12-65					19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		MAR 11 1966			
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-3-1959, to 2-23-66 and last saw him alive on 2-15-66 Death occurred at about 7 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George R. Kingston M.D.		22b. ADDRESS Wenatchee, Washington		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-26-1966		23c. NAME OF CEMETERY OR CREMATORY Evergreen Memorial Park, East Wenatchee, Wn.	
23d. LOCATION (City, town, or county) (State) Wenatchee, Washington		24. FUNERAL DIRECTOR ADDRESS Jones & Jones, Wenatchee, Wn.		25. DATE REC'D BY LOCAL REG. 3.1.66	
26. REGISTRAR'S SIGNATURE Greene Jensen, Dep. Reg.					

MEDICAL CERTIFICATION