DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 48
Registrar's No. 26

1. PLACE OF DEATH:
(a) County Whatcom
(b) City or town Near Van Zandt, Wash (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution (Specify whether) In this community (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County Whatcom
(c) City or town 1 Mi. W. of Van Zandt (If outside city or town limits, write RURAL)
(d) Street No. *** (If rural give location)
(e) If foreign born, how long in U. S. A.? *** years

3. (c) Social Security Number No

3. (a) FULL NAME Jessie Fromont Randolph
3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? No Name of organization in which such service was rendered: Rank Period of service

4. Sex Female
5. Color or race White
6(a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John
6(c) Age of husband or wife if alive Decd years
7. Birth date of deceased Oct 7 1858 (Month) (Day) (Year)
8. AGE: Years 82 Months 5 Days 1 If less than one day hr. min.
9. Birthplace **** (City, town or county) Wisconsin (State or foreign country)
10. Usual occupation Retd Housewife
11. Industry or business At Home

Father
12. Name Edwin Kincaid
13. Birthplace **** (City, town, or county) Wisc (State or foreign country)

Mother
14. Maiden name Katherine Hershner
15. Birthplace **** (City, town, or county) Me (State or foreign country)

16. (a) Informant's own signature Mrs. L. J. Koop
(b) Address Van Zandt, Wash
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/11/41 (Month) (Day) (Year)
(c) Place: burial or cremation Bellingham
18. (a) Signature of funeral director Harlow-Hollingsworth, Inc. Louis Jones
(b) Address Bellingham, Wash
19. (a) MAR 11 1941 (Date received local registrar) (b) R. W. Kile M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month March day 8 year 1941 hour 9 minute 20 a.m.
21. I hereby certify that I attended the deceased from No attendance, 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Burns — Duration 180
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 3-8-41
(c) Where did injury occur? (City or town) Whatcom (County) Wash (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)
While at work? No (e) Means of injury House burned
23. Signature W. A. Hulbush (M. D. or other)
Address Bellingham, Wash Date signed 3/8/41