DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

State File No. 108
Registrar's No. 365

1. PLACE OF DEATH:
(a) County Stevens
(b) City or town Colville (If outside city or town limits, write RURAL)
(c) Name of hospital or institution. Mt Carmel (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community (Years, months or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Wash. (b) County Stevens
(c) City or town Colville (If outside city or town limits, write RURAL)
(d) Street No. So. Alder St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) FULL NAME Harry Mc Clellan Fultz
3. (c) Social Security Number

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 Male
5. Color or race White
6(a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joycelyn Knapp
6(c) Age of husband or wife if alive ____ years
7. Birth date of deceased Nov. (Month) 11 (Day) 1864 (Year)

8. AGE: Years 81 | Months 9 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Mill Creek (City, town or county) Pa. (State or foreign country)
10. Usual occupation Telegraph Operator
11. Industry or business Same 240-56
Father
12. Name John Fultz
13. Birthplace Unob. (City, town, or county) (State or foreign country)
Mother
14. Maiden name Katherine Logne
15. Birthplace Unob. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joycelyn Fultz
(b) Address Colville Wash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation Colville Wash.
18. (a) Signature of funeral director Louis M. Egger Moser & Egger
(b) Address Colville Wash.
19. (a) 8/24/46 (Date received local registrar) (b) Hazel Emery (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August 19 day 19 year 1946 hour 6 PM minute
21. I hereby certify that I attended the deceased from Aug 12, 1946, to Aug 19, 1946, that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma	?
Due to 53	
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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Gray (M. D. or other)
Address Colville Date signed 8-25-46