STATE 4500

WASHINGTON STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NO. 4297

REG. DIST NO. 1M-1

REGISTRAR'S NO. 25

1. PLACE OF DEATH
a. COUNTY: Whatcom
b. CITY, TOWN, OR LOCATION: Bellingham
c. LENGTH OF STAY IN 1b: Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 3114 Birchwood Avenue
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington
b. COUNTY: Whatcom
c. CITY, TOWN, OR LOCATION: Bellingham
d. STREET ADDRESS: 3114 Birchwood Avenue
e. IS RESIDENCE INSIDE CITY LIMITS? Yes [X] No [ ]
f. IS RESIDENCE ON A FARM? Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First EDWARD Middle LUTHER Last HAMILTON

4. DATE OF DEATH: Month February Day 9 Year 1960

5. SEX: M.

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: Dec. 3, 1887

9. AGE (In years last birthday): 72

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): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edwin Hamilton

14. MOTHER'S MAIDEN NAME: Marjorie Burdick

4201

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. Beatrice Hamilton, 3114 Birchwood Bellingham, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: hrs
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary sclerosis — yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? Yes [ ] No [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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

FEB 2 9 1960

20d. INJURY OCCURRED While at work [ ] Not while at work [ ]

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 4-30-59, to 2-9-60 and last saw ~~her~~ him alive on 7-21-59
Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald N. Sutter, M.D.

22b. ADDRESS: Suite F-18 1800 C

22c. DATE SIGNED: 2-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 12, 1960

23c. NAME OF CEMETERY OR CREMATORY: Woodlawn

23d. LOCATION (City, town, or county) (State): Ferndale, Washington

24. FUNERAL DIRECTOR ADDRESS: JONES FUNERAL HOME, Bellingham, Wash.

25. DATE REC'D BY LOCAL REG.: FEB 12 1960

26. REGISTRAR'S SIGNATURE: [signature] M.D.

S. F. No. 7784—7-58—80M. 53896.