WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

REG. DIST. NO. D-1
STATE FILE NO. 5888
REGISTRAR'S NO. 44

1. PLACE OF DEATH a. COUNTY: Whatcom
b. CITY OR TOWN (If outside corporate limits, write RURAL): Bellingham, rural
c. LENGTH OF STAY (in this place): 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Whatcom County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wash.
b. COUNTY: Whatcom
c. CITY OR TOWN (If outside corporate limits, write RURAL): Ferndale
d. STREET ADDRESS (If rural, give location): 481 Vista Drive

3. NAME OF DECEASED (Type or print) a. (First) Catherine b. (Middle) Ellen c. (Last) Chichester
4. DATE OF DEATH (Month) (Day) (Year): Mar. 12, 1956
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 8, 1872
9. AGE (In years last birthday): 83 — If Under 1 Yr. Months / Days — If Under 24 Hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Jacob Coss
14. MOTHER'S MAIDEN NAME: Hannah Seabold
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.: none
17. INFORMANT: Mrs. Cecil Manner

4200

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	3 wks
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b)	Cardiac Failure	1 yr
Due to (c)	Arteriosclerotic Heart Disease with Hypertension	5-10 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Edema	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒
21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/10, 1956, *to* 3/12, 1956, *that I last saw the deceased alive on* 3/11, 1956, *and that death occurred at* 3 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles R. Veirs M.D.
23b. ADDRESS: Ferndale, Wash.
23c. DATE SIGNED: 3/12/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14/56
24c. NAME OF CEMETERY OR CREMATORY: Enterprise Cemetery
24d. LOCATION (City, town, or county) (State): Ferndale, Wash

DATE REC'D BY LOCAL REG.: 3-14-56
REGISTRAR'S SIGNATURE: [illegible] M.D.
25. FUNERAL DIRECTOR: John Moles
ADDRESS: Ferndale, Wash

MAR 27 1956