

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
BUREAU OF VITAL STATISTICS

2945

TYPE, OR PRINT IN  
PERMANENT INK

M-1 LOCAL FILE NUMBER 147

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Samuel		Teofilus	WALLI	2. Male	3. February 26, 1972		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. White	5a. 87	5b. MOS.	5c. DAYS	6. Oct. 13, 1884		7a. Grays Harbor	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Aberdeen		7c. yes		7d. St. Joseph Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Finland		9. U.S.A.		10. Widowed		11. (1942)	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 538-20-0127		13a. Hotel Owner		13b. Hotel			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. Washington	14b. Grays Harbor	14c. Aberdeen		14d. yes		14e. 205 E. 3rd St.	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. Samuel		Walli			16. Mary		Lohikoski
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Laila Silva				17b. Rt. 1, Box 742, Centralia, Washington			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
18. IMMEDIATE CAUSE							
(a) WIDESPREAD SARCOMA (METASTATIC) PRIMARY							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) SITE UNKNOWN							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							
AUTOPSY (YES OR NO) 19a. no							
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c. M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM		12	29	71	21b. 2	25	72
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.		22b. Feb. 26, 1972		22c. 12:30		22d. A.M.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Dr. Charles D. Adams		23b. Charles D. Adams		23c. MD		23d. 2/29/72	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23d. 400 8th St., Hoquiam, Wash. 98550							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Cremation		24b. Fern Hill Crematory		24c. Aberdeen,		Washington	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
24d. Feb. 28, 1972		25a. Fern Hill Funeral Home, P. O. Box 22, Aberdeen, Wash. 98520					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY REGISTRAR			
25b. [Signature]		26a. Lauren H. Lucke, MD		26b. MAR 2 1972			