F DEATH

hat the relative healthfulness of
d 10 years or over. If the occu-
he occupation prior to illness. If
Children not gainfully employed
that of home housework, write
rson engaged in domestic service
er—private family, cook—hotel,

"worker," "operative," etc. Find
e," "factory," "mill," etc. State
mill, etc.
ive titles, as civil engineer, me-
when a more precise statement
exact occupation, as carpenter,
merchants. A person who sells

plication which causes death, not
me the disease or injury causing
incipal cause and any important
ed to principal cause, name other

ample II
DEATH and related
der of onset were as

	Date of onset
	1 week ago
	1 week ago
	3 days ago
importance not re-	
	6 weeks ago

should be given in the order of on-
ond, or third position. The principal

PHYSICIAN

S. F. No. 325—1921. Approved as to Form by Dept. of Efficiency. 8926.

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 163

Registered No. 171

1. PLACE OF DEATH
County of Grays Harbor
City or Town of Aberdeen
Registration Dist. No. M-1 No. Aberdeen General Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Hamilton 543
(a) Residence: No. Vesta, Washington St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Hale Hamilton
6. DATE OF BIRTH (month, day, and year) 12/16/1884.
7. AGE Years 46 Months 9 Days 17 If LESS than 1 day, ...hrs, or.....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shingle mill
10. Date deceased last worked at this occupation (month and year) 10/2/31.
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER
13. NAME Joseph Hamilton
14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER
15. MAIDEN NAME Do.
16. BIRTHPLACE (city or town) (State or country) Do.

17. INFORMANT Florence Hamilton
(Address) Vesta, Wash.

18. BURIAL, CREMATION, OR REMOVAL
Place Masonic Cem. Elma Date 10/6/31, 19

19. UNDERTAKER Elerding Mortuary
(Address) Aberdeen, Wash.

20. FILED 10/3 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 3, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to 10/3/31, 19
I last saw him alive on 19 ; death is said to have occurred on the date stated above, at 8.30 A.m. 202

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Oedema of Lungs.	Oct 3 31
following Operation on hand.	

Contributory causes of importance not related to principal cause:

Name of operation Amputation of fingers Date of Oct 3
What test confirmed diagnosis? " Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In industry.
Manner of injury Cut hand in saw
Nature of injury "

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. B. Kinne, M. D.
(Address) Aberdeen