S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 2251.

PLACE OF DEATH

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 249

Registered No. 263

County of Whatcom

City or Town of Bellingham

Registration Dist. No. M1 No. 1705 24th St
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Anna Oeser 2-60

(a) Residence No. 1705 24th St.; (Usual place of abode)

(b) If non-resident, give city or town, and state

(c) How long in Registration Dist. 49 yrs. ..... mos. ..... ds.; how long in U. S. if of foreign birth ..... yrs. ..... mos. ..... ds.

Exact statement of OCCUPATION is very important

Personal and Statistical Particulars

3. Sex: fem
4. Color or Race: white
5. Single, Married, Widowed or Divorced (Write the word): widowed

5. (a) If married, widowed or divorced: Husband of or Wife of H. Oeser

6. Date of birth: Dec (Month) 4 (Day) 1856 (Year)

7. Age: 69 yrs. 8 mos. 27 ds. If less than one day ..... hrs. ..... or min.

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. Birthplace (City or town) (State or country): Ireland

PARENTS

10. Name of Father: Edward Connelly
11. Birthplace of Father (City or town) (State or Country): Ireland
12. Maiden name of Mother: Bridget Dolly
13. Birthplace of Mother (City or town) (State or Country): Ireland

14. Informant: Mrs H. W. Gillespie
Address: Bellingham

15. Filed 9-1 1926 W W Ballaine Registrar.

Medical Certificate of Death

16. Date of death: Aug (Month) 30 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-6, 1926, to 8-25, 1926 that I last saw her alive on 8-25, 1926 and that death occurred on the date stated above, at 10 P m.
(State the disease causing death, or in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL).
The CAUSE OF DEATH was as follows: 46

(Primary) Carcinoma of Uterus
(Duration) about 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) unknown
(Duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at the place of death? Bellingham

(a) Did an operation precede death? yes Date of

(b) Was there an autopsy? no

(c) What test confirmed diagnosis? microscopic

(Signed) J. W. Goodheart M. D.

8-31 1926 Address Bellingham

19. Place of Burial, Cremation or Removal: Bay View Cem. Date of Burial: 9-2 1926

20. Undertaker: O. R. Hollingsworth Address: Bellingham

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions
(Insert numbers of unanswered questions) OCT 9 1926 (Signature of Undertaker)