

# OF DEATH

that the relative healthfulness of 10 years or over. If the occupation prior to illness. If the deceased was fully employed may be returned as work, write housework in answer to service, for wages, however, design hotel, etc. For a person who had to

worker," "operative," etc. Find out "factory," "mill," etc. State the titles, as civil engineer, mechanic, carpenter, painter, machinist, etc. who sells goods should be called

lication which causes death, not the disease or injury causing death. And any important complication of the cause, name other important disease

## Example II

of Death and related order of onset were

Date of onset
1 week ago
1 week ago
3 days ago
6 weeks ago

importance not related

ases should be given in the order first, second, or third position. T

## PHYSICIAN

## PLACE OF DEATH

County of Lincoln

City or Town of Napavine

Registration Dist. No. 12-7

Length of residence in city or town where death occurred 9 yrs

How long in U. S., if of foreign birth?

PLACE OF RESIDENCE: State Washington

(If not same as place of death)

City or Town Napavine

FULL NAME Robert H. Stilson

## PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna K. Stilson

DATE OF BIRTH (month, day, and year) June 14, 1904

AGE Years 34 Months 9 Days 17 If LESS than 1 day, hrs. or mins.

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. shingle weaver

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar 21, 1939 11. Total time (years) spent in this occupation 2 yrs

BIRTHPLACE (city or town and State or country): Little Rock, Washington

12. NAME: Fred A. Stilson

13. BIRTHPLACE (city or town and State or country): Philomath, Oregon

14. MAIDEN NAME: Nana B. Whipple

15. BIRTHPLACE (city or town and State or country): Maple Hill, Michigan

16. INFORMANT (name and address): Harold M. Stilson Rt. 1 Chehalis, Wash.

17. BURIAL, CREMATION, OR REMOVAL: Place: Napavine, Wn Date: April 2, 1939

18. UNDERTAKER (name and address): W. Cattermole Wenlock, Wash.

19. FILED 4-2 1939 St. H. McKenna Registrar

## WASHINGTON STATE DEPARTMENT of HEALTH

## DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Record No. 114

Registered No. 191

St. Ward

days

days

County Lincoln

No. 312 Street

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-31-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-29-1939, to 3-31-1939

I last saw him alive on 3-31-1939; death is said to have occurred on the date stated above, at 6:15 p.m.

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

Pneumonia

Date of Onset

3-15-39

Other contributory causes of importance:

Name of operation: Date of

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: 193

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signature: M. Souperman M.D.

(Address) Chehalis, Wash.

(Signature of Undertaker)