NW 14

WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

STATE FILE NO. 12356

REG. DIST. NO. D-3

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1. PLACE OF DEATH
a. COUNTY: Whatcom
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Lynden
c. LENGTH OF STAY (In this place): 54 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 S. 16th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wash
b. COUNTY: Whatcom
c. CITY (If outside corporate limits, write RURAL) OR TOWN: Lynden
d. STREET (If rural, give location) ADDRESS: 204 S. 16th St

3. NAME OF DECEASED (Type or print): a. (First) George b. (Middle) c. (Last) Haveman

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 25 1885
9. AGE (In years last birthday): 70
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holland Mich
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Albert Haveman
14. MOTHER'S MAIDEN NAME: Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO. (If yes, give war or dates of service):
17. INFORMANT: Jennie Haveman 491

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, Terminal — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) —
Due to (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: (1) Nephrosclerosis - Recent — 6 mos.
(2) Senile psychosis — 1½ yrs. (Known).

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 January, 1954, to June 13, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John L. Bram, M.D.
23b. ADDRESS: Box 111 Lynden
23c. DATE SIGNED: 6/15/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/16/55
24c. NAME OF CEMETERY OR CREMATORY: Monumenta Cemetery
24d. LOCATION (City, town, or county) (State): Lynden Wash

DATE REC'D BY LOCAL REG.: June 16, 1955
REGISTRAR'S SIGNATURE: Jennie Lynn Weidkamp
25. FUNERAL DIRECTOR: Leslie A. Fellies
ADDRESS: Lynden Wash