OF DEATH

that the relative healthfulness of ed 10 years or over. If the occu- the occupation prior to illness. If Children not gainfully employed s that of home house work, write erson engaged in domestic service per—private family, cook—hotel,

" "worker," "operative," etc. Find

ore," "factory," "mill," etc. State n mill, etc.
ptive titles, as civil engineer, me- r" when a more precise statement he exact occupation, as carpenter, le merchants. A person who sells

mplication which causes death, not name the disease or injury causing principal cause and any important lated to principal cause, name other

Example II

OF DEATH and related order of onset were as	Date of onset
	1 week ago
	1 week ago
	3 days ago
of importance not re-	
	6 weeks ago

ses should be given in the order of first, second, or third position. The n.

PHYSICIAN

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 4892.

PLACE OF DEATH

Washington State Board of Health

Record No. 321

County of Whatcom

BUREAU OF VITAL STATISTICS

Registered No. 342

City or Town of Bellingham

CERTIFICATE OF DEATH

Registration Dist. No. M 1 No. Saint Luke
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Anton Ousdale 1-34

(a) Residence No. 1301 West Illinois St.;
(Usual place of abode)

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

(c) How long in Registration Dist. 3 yrs. mos. ds.; how long in U. S. if of foreign birth 3 yrs. mos. ds.

Personal and Statistical Particulars

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
Male	White	Single

6. (a) If married, widowed or divorced:
Husband of
or
Wife of

6. Date of birth			
April (Month)	11 (Day)	1900 (Year)	

7. Age			
31 yrs.	4 mos.	9 ds.	If less than one day hrs. or min.

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) Filling Station
(c) Name of employer Not Known

9. Birthplace (City or town)
(State or country) Norway

PARENTS

10. Name of Father Tarjei Olsen
11. Birthplace of Father (City or town) (State or Country) Norway
12. Maiden name of Mother Ingeborg
13. Birthplace of Mother (City or town) (State or Country) Norway

14. Informant Gilbert Ousdale
Address Bellingham 1301 W. Illimois s.

15. Filed Dec 14, 1931 J. W. Powell Registrar

Medical Certificate of Death

16. Date of death Dec. 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1931, to Dec 11, 1931
that I last saw h[illegible] alive on Dec 10, 1931
and that death occurred on the date stated above, at 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: 188 C

(Primary) Fractured skull
Intracranial hemorrhage
Accident occurred outside city limits. (Duration) 8 hours yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18. Where was disease contracted if not at the place of death? Auto accident
(a) Did an operation precede death? No Date of
(b) Was there an autopsy? No
(c) What test confirmed diagnosis? Hand

(Signed) Chas. L. [illegible] M. D.
Dec 14, 1931 Address Bellingham

19. Place of Burial, Cremation or Removal: Saxon Cemetery (Acme) — Date of Burial: December 14 31
20. Undertaker: Bingham Dahlquist — 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)

Geo. L. Dahlquist
(Signature of Undertaker)

Exact statement of OCCUPATION is very important. Do not state that it may be properly classified. Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified.