

WASHINGTON STATE DEPARTMENT OF HEALTH

STATE
FILE NO.

2263

REG. DIST NO. D-1

CERTIFICATE OF DEATH

REGISTRAR'S NO. 45

1. PLACE OF DEATH a. COUNTY Cowlitz			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Wash. b. COUNTY Cowlitz		
b. CITY, TOWN, OR LOCATION Longview			c. CITY, TOWN, OR LOCATION Longview		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Longview San.			d. STREET ADDRESS 417 16th		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Camilla Middle M. Last Nelson			4. DATE OF DEATH Month Feb. Day 5 Year 61		
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/2/1884	9. AGE (In years last birthday) 77	If Under 1 Year Months 7 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Norway
13. FATHER'S NAME unknown			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 331X		
17. INFORMANT Nels W. Nelson Longview Wash.			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia 50 to Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b) CVA - Hypertension DUE TO (c) 3 weeks PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.			19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION Longview, Wash.			COUNTY STATE		
21. I attended the deceased from 1958 , to 2/5/61 and last saw her alive on 2/5/61 Death occurred at 1:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. B. [Signature]			22b. ADDRESS 1225-17		22c. DATE SIGNED 2/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/7/61	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Longview, Wash.
24. FUNERAL DIRECTOR Steele Funeral Home			25. DATE REC'D BY LOCAL REG. FEB 6 1961		