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	y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS destate CAVOSE OF DEATH in plain terms, that it may be properly classified. The "Special Information persons dying away from home should be given in every instance.
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5/2-30. PLACE OF DEATH

COUNTY OF Whatcom

## CENSUS OFFICE

## STANDARD CERTIFICATE OF DEATH

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ST	ATE OF	WASHING	TON		V
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HTY	or Bellingham			
	(No.	St.	Lukes	Hospi

[If death occurred in a

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]  (No. St. Lukes H (No. St. Luk	Hospital st.: Ward Hospital or Institution, give its NAME instead of street and number.]  Abella Lamkin		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female Color White	February 6, 190 6		
Female White  DATE OF BIRTH  (Month) (Day) (Year)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from		
AG 16	that I last saw h er alive on Fish 6 1906		
single, Married, widowed, or divorced Married	P. M. The CAUSE OF DEATH was as follows:		
(State or Country) Maryland	Cauces of atteres		
NAME OF FATHER  Thomas Conrad  BIRTHPLACE OF FATHER (State or Country)	Made Manifestal (DURATION) day		
MAIDEN NAME OF MOTHER  Maggie Jordan  BIRTHPLACE OF MOTHER (State or Country)	(Signed) Tourse M. 1  Feb. 7,190.6 (Address) Bellingham, Was		
Housekeeper	SPECIAL INFORMATION only for Hospitals, Institution Transients, or Recent Residents.		
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  (INFORMANT) Le Roy S. Lamkin	Former or Usual Residence 107 Park St How long at Ball Ball Ball Ball Ball Ball Ball B		
(ADDRESS) Bellingham, Wash.	Bay View cemetery Feb. 8, 1906		
	UNDERTAKER ADDRESS		