

REG. DIST. NO. *D-1*WASHINGTON STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATHSTATE FILE NO. *18301*REGISTRAR'S NO. *129*

1. PLACE OF DEATH a. COUNTY <i>Whatcom</i> b. CITY, TOWN, OR LOCATION <i>Rural Bellingham</i> c. LENGTH OF STAY IN 1b <i>40 yrs.</i> d. NAME OF HOSPITAL OR INSTITUTION <i>County Hospital</i> e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Washington</i> b. COUNTY <i>Whatcom</i> c. CITY, TOWN, OR LOCATION <i>Bellingham</i> d. STREET ADDRESS <i>1310 McKenzie St.</i> 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 <i>Rufus</i> Middle <i>Jasper</i> Last <i>Snow</i>		4. DATE OF DEATH <i>Sept. 17, 1957</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 12, 1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired logger</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>logging</i>	9. AGE (In years last birthday) <i>78</i> If Under 1 Year: Months <i>78</i> Days <i>78</i> Hours <i>78</i> Min. <i>78</i>
11. BIRTHPLACE (State or foreign country) <i>Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Joseph Snow</i>		14. MOTHER'S MAIDEN NAME <i>Margaret E. Lymanse</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>530-03-6413</i>	
17. INFORMANT <i>Arthur B. Snow</i>		Address <i>Bellingham, Washington</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Insufficiency</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) <i>Cerebral Arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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 <i>a. m.</i> Month, Day, Year <i>p. m.</i>		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 <i>Bellingham, Washington</i>	
20g. COUNTY <i>Whatcom</i>		20h. STATE <i>Washington</i>	
21. I attended the deceased from <i>October 31, 1956</i> to <i>September 17, 1957</i> and last saw <i>her</i> alive on <i>Sept. 17, 1957</i> . Death occurred at <i>12:40 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. B. Norton Jr. M.D.</i> (Degree or title)		22b. ADDRESS <i>Bellingham, Washington</i>	
22c. DATE SIGNED <i>9/18/57</i>		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>9/23/57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Greenacres Memorial Park</i>		23d. LOCATION (City, town, or county) <i>Ferndale, Washington</i>	
24. FUNERAL DIRECTOR <i>Jones Marlow-Hollingsworth, Inc.</i>		25. DATE REC'D BY LOCAL REG. <i>SEP 19 1957</i>	
26. REGISTRAR'S SIGNATURE		27. REGISTRAR'S SIGNATURE	