1. PLACE OF DEATH

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of Lewis — Record No. 61

City or Town of Centralia — Registered No. 18

Registration Dist. No. M-1 — No. 418 South Buckner Str. St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 24 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

1a. PLACE OF RESIDENCE: State Washington County Lewis

(If not same as place of death)

CITY OR TOWN Centralia No. ____ Street

2. FULL NAME William Edward Stilson 3412

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male; 4. COLOR OR RACE: White; 5. Single, Married, Widowed, or Divorced (write the word): Married	21. DATE OF DEATH (month, day, and year) Feb. 10, 1937
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Stilson	22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Feb 10, 1937
6. DATE of BIRTH (month, day, and year) Sept. 5, 1857	I last saw him alive on Feb 9, 19__; death is said to have occurred on the date stated above, at 4:15 A.m. 9.25
7. AGE: Years 79, Months 5, Days 5; If LESS than 1 day, ____ hrs. or ____ min.	The principal cause of death and related causes of importance in order of onset were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millworker	Acute [illegible] decompensation 2-5-37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year) 1932; 11. Total time (years) spent in this occupation Life	Contributory causes of importance not related to principal cause:
12. BIRTHPLACE (city or town) (State or country) Boone County Illinois	Cerebral Haemorrhage June 1935; Chronic Myocarditis " "
13. NAME (of father) Nathan Stilson	Name of operation ____ Date of ____
14. BIRTHPLACE (city or town) (State or country) New York	What test confirmed diagnosis? Physical. Was there an autopsy? No
15. MAIDEN NAME Ladema Sampson	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____, 19__
16. BIRTHPLACE (city or town) (State or country) New York	Where did injury occur? ____ (Specify city or town, county, and state)
INFORMANT Mrs. Emma Stilson (Address) Centralia, Wash.	Specify whether injury occurred in industry, in home, or in public place.
BURIAL, CREMATION, OR REMOVAL Mt. View Burial Park. Place Centralia, Wash., Date Feb 12, 1937	Manner of injury ____; Nature of injury ____
UNDERTAKER Newell-Hoerling Mortuary (Address) Centralia, Washington.	24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____
FILED 2/10 1937 [signature] Registrar	(Signed) Elmer L. Barr, M. D. (Address) Centralia Wash.

N. No. 825—1935. 5409.

ATH ... elative healthfulness of ... s or over. If the occu- ... tion prior to illness. If ... not gainfully employed ... home housework, write ... aged in domestic service ... te family, cook—hotel,

" "operative," etc. Find ... tory," "mill," etc. State ... titles, as civil engineer, ... hen a more precise state- ... t occupation, as carpen- ... merchants. A person who

n which causes death, not ... disease or injury causing ... cause and any important ... rincipal cause, name other

II ... and related ... nset were as — Date of onset: 1 week ago; 1 week ago; 3 days ago

tance not re- — 6 weeks

uld be given in the order ... cond, or third position. ...

CIAN