WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 162
File No. 5294
Registered No. 62

PLACE OF DEATH

County of Lewis
Town of Near Winlock
or
City of

(No. ____ St.; ____ Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

Full Name Thomas Snow 500

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. Physicians should state cause of death in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

V. S.—No. 1

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White

DATE OF BIRTH: April 25th. 1840 (Month) (Day) 1 (Year)

AGE: 70 years, One months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Tenn.

NAME OF FATHER: James Snow

BIRTHPLACE OF FATHER (State or country): Tenn.

MAIDEN NAME OF MOTHER: Cassie Case

BIRTHPLACE OF MOTHER (State or country): No.Carolina

OCCUPATION:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs.Margaret Snow
(Address) Winlock Wash.

Filed 6/22 19 16 J.H. Coleman Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 18th. 1910 19 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 2nd. 1910 19, to June 18th. 1910 19

that I last saw him alive on June 18th. 1910

and that death occurred, on the date above, at about 7 P.M.

M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(Duration) Days

Contributory Arteriosclerosis

(Duration) Days

(Signed) Dan Weichbrod M. D

June 10th. 1910 (Address) Winlock Wash.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence

How Long at Place of Death?

Where was Disease Contracted?

PLACE OF BURIAL OR REMOVAL: Lewis Co.

DATE OF BURIAL: June 20th. 1910

UNDERTAKER: J. Cattermole

ADDRESS: Winlock Wn.