Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 20

Registered No. 7

1. PLACE OF DEATH
County of San Juan
City or Town of Orcas
Registration Dist. No. 1 No. ____ 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 35 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

1a. PLACE OF RESIDENCE: State ____ County ____
(If not same as place of death)
CITY OR TOWN ____ No. 325 Street

2. FULL NAME Herbert Leroy Atkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Atkins
6. DATE of BIRTH (month, day, and year): June 6 1849
7. AGE: Years ____ Months ____ Days ____ If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): 2 —
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Wisconsin
13. NAME: Samuel Atkins
14. BIRTHPLACE (city or town) (State or country): unknown
15. MAIDEN NAME: Caroline
16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Sadie M. Paul
(Address) 2915 Elvie St Bellingham Wash

BURIAL, CREMATION, OR REMOVAL
Place Orcas Island Date May 11, 1938

UNDERTAKER: Harry E. King
(Address) Friday Harbor Wash

FILED May 11, 1938 Mary E. Harrison
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1938 to April 30, 1938
Last saw h[im] alive on April 30, 1938; death is said to have occurred on the date stated above, at 10 a.m. (or Made)
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
arteriosclerosis	unde
generalized	8 y
cerebral hemorrhage	May 8 1938
Contributory causes of importance not related to principal cause:	
/	

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 19__
Where did injury occur? ____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ____
(Signed) J. H. Adams M. D.
(Address) Friday Harbor Wash.

U. S. No. 825—1935. 3872.

DEATH

hat the relative healthfulness of
d 10 years or over. If the occu-
e occupation prior to illness. If
Children not gainfully employed
that of home housework, write
rson engaged in domestic service
er—private family, cook—hotel,

"worker," "operative," etc. Find

ore," "factory," "mill," etc. State
n mill, etc.
scriptive titles, as civil engineer,
borer" when a more precise state-
e the exact occupation, as carpen-
holesale merchants. A person who

omplication which causes death, not
name the disease or injury causing
principal cause and any important
lated to principal cause, name other

Example II

OF DEATH and related
order of onset were as

	Date of onset
	1 week ag
	1 week ag
	3 days ag
	6 weeks ag

es of importance not re
use:

e causes should be given in the order
her first, second, or third position. T
given.

BY PHYSICIAN