Lupins

154

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Record No.
County of Lewis — Registered No. 29
City or Town of Chehalis — No. St. Helens Hospital St., Ward
Registration Dist. No.
(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 yrs. mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. PLACE OF RESIDENCE: State Wash. County Lewis
(If not same as place of death)
CITY OR TOWN Toledo No. Street

3. FULL NAME Lydia Stilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — 4. COLOR OR RACE: white — 5. Single, Married, Widowed, or Divorced (write the word): divorced
If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE of BIRTH (month, day, and year): Dec 27-1900
AGE: Years 35 — Months 3 — Days 16 — If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
9. Date deceased last worked at this occupation (month and year): 1/1 36 — 10. Total time (years) spent in this occupation: 15

11. BIRTHPLACE (city or town) (State or country): Cowlitz Co. Wash
12. NAME: Alfred Mathew
13. BIRTHPLACE (city or town) (State or country): Oregon
14. MAIDEN NAME: Rhada Pratt
15. BIRTHPLACE (city or town) (State or country): Kansas
16. INFORMANT (Address): E. Mathews Toledo Wn
17. BURIAL, CREMATION, OR REMOVAL
Place Toledo Wn Date 4-23 19 36
18. UNDERTAKER (Address): C. P. Gatterman Winlock Wn
19. FILED 4-23 1936 — W. Kennicott Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 20 1936
22. I HEREBY CERTIFY, That I attended deceased from April 14 1936 to April 20 1936
I last saw her alive on April 20 1936, death is said to have occurred on the date stated above, at 11 A m. 1436
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Ruptured Ectopic Pregnancy	April 14

Contributory causes of importance not related to principal cause:
Had a Curettage 3 weeks previously

Name of operation Ectopic Date of April 14
What test confirmed diagnosis? Was there an autopsy? Yes.

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) E. H. Mathis M. D.
(Address) Toledo Wash

No. 825—1935. 5409.