WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. D4
REGISTRAR'S NO. 33

STATE FILE NO. 8830

1. PLACE OF DEATH
a. COUNTY Okanogan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winthrop
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Wash b. COUNTY Okanogan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winthrop
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or print) a. (First) William b. (Middle) c. (Last) Yockey
4. DATE OF DEATH (Month) (Day) (Year) 5-3-54
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 3 1868
9. AGE (In years last birthday) 86 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Yockey
14. MOTHER'S MAIDEN NAME Martha Wasson 332
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Clara E. Yockey

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: APR-28 54

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ~~Due to~~ (b) Lobar pneumonia — Mar 5-54

Due to (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 5, 1954, *to* May 3, 1954, *that I last saw the deceased alive on* May 2, 1954, *and that death occurred at* 6:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jos Mahacher MD
23b. ADDRESS Twisp W
23c. DATE SIGNED May 5 54

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24b. DATE 5-5-54
24c. NAME OF CEMETERY OR CREMATORY Sullivan
24d. LOCATION (City, town, or county) (State) Winthrop Wash.

DATE REC'D BY LOCAL REG. 5-5-54
REGISTRAR'S SIGNATURE Lois Badger
25. FUNERAL DIRECTOR R B Renison ADDRESS Winthrop Wa

JUN 10 1954