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.

WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 124

File No. 4448

Registered No. 46

PLACE OF DEATH.

County of

Town of Marysville

or

City of (No. St.; Ward.)

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

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

FULL NAME Martin O Kjevrud 153

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Aug (Month) 26 (Day) 1856 (Year)
AGE	54 years, 5 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or Country)	Norway
NAME OF FATHER	Ole Christison
BIRTHPLACE OF FATHER (State or Country)	Norway
MAIDEN NAME OF MOTHER	Anna Kjevrud
BIRTHPLACE OF MOTHER (State or Country)	Norway
OCCUPATION	Farmer

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

(Informant) Ole Kjevrud

(Address) Lake Wood Wash

Filed Mch 28 1910 C. E. Munn Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar (Month) 25 (Day) 1910 (Year)

I HEREBY CERTIFY, That I attended deceased from 19 to 19

that I last saw him alive on March 24 1910

and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus

(Duration) 4 yrs Days

Contributory

(Duration) Days

(Signed) E. Martin Adams, M. D.

3/27 1910 (Address) Arlington 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?

Filed June 1 1910

J. E. Stauffer M.D.

PLACE OF BURIAL OR REMOVAL: I.O.O.F. (?) Cem.

DATE OF BURIAL: Mch 28 1910

UNDERTAKER: C. H. Schaefer (?)

ADDRESS: Marysville