Deliver This Certificate to Your Local Registrar. Not to the State Board of Health.

PLACE OF DEATH

Washington State Board of Health

Record No. 353

County of Snohomish

BUREAU OF VITAL STATISTICS

City or Town of ~~Monroe~~ Snohomish

CERTIFICATE OF DEATH

Registered No. 33

Registration Dist. No. ..... (No. Snohomish General Hospital St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under Item 18.]

FULL NAME Gen Libby 100

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

Personal and Statistical Particulars

3 Sex: male

4 Color or Race: Indian

5 Single, Married, Widowed, or Divorced (Write the word): Single

6 Date of Birth: Apr (Month) 3 (Day) 1901 (Year)

7 Age: 17 yrs. 8 mos. 22 ds. If LESS than 1 day, ___ hrs. or ___ min?

8 Occupation
(a) Trade, profession or particular kind of work: woodsman
(b) General nature of industry, business or establishment in which employed (or employer)

9 Birthplace (State or country): Washington

PARENTS

10 Name of Father: William Libby

11 Birthplace of Father (State or country): Wash

12 Maiden name of Mother: Lizzie Jimmie

13 Birthplace of Mother (State or country): Washington

14 The above is true to the best of my knowledge
(Informant) William Libby
(Address)

15 Filed Dec 27, 1918 E. E. Stafford Registrar.

Medical Certificate of Death

16 Date of Death: Dec (Month) 25 (Day) 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1918 to Dec 25, 1918, that I last saw him alive on Dec 25, 1918, and that death occurred, on the date above, at 5:30 A m.

The CAUSE OF DEATH* was as follows: Influenza & Pneumonia

(Duration) ___ yrs. ___ mos. 8 ds.

Contributory (Secondary): Improper Care & nursing

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) G. A. Overmeyer, M. D.

Dec 26, 1918 (Address) Monroe Wash

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)

At Place of death ___ yrs. ___ mos. 1 ds. In the State 17 yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? Monroe Wash

Former or usual residence Monroe Wash

19 Place of Burial or Removal: Monroe

Date of Burial: Dec 27, 1918 2 P M

20 Undertaker: E. E. Purdy & Sons

Address: Snohomish

I HEREBY CERTIFY, That I have been unable to secure answers to Questions ..... (Insert numbers of unanswered questions)

(Signature of Undertaker)

Approved by U. S. Census and American Public Health Association]

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*.

... when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e.g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN