WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

STATE FILE NO. 6408

REG. DIST NO. 2-1

CERTIFICATE OF DEATH

REGISTRAR'S NO. 82

1. PLACE OF DEATH
a. COUNTY: Thurston
b. CITY, TOWN, OR LOCATION: Olympia
c. LENGTH OF STAY IN ID: 24 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Route 7 box 383
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☐ No #☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington
b. COUNTY: Thurston
c. CITY, TOWN, OR LOCATION: Olympia
d. STREET ADDRESS: Route 7 box 383
e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No #☐
f. IS RESIDENCE ON A FARM? Yes ☐ No #☐

3. NAME OF DECEASED (Type or print): First: Robin Middle: Maxine Last: Ensign

4. DATE OF DEATH Month: March Day: 4 Year: 1965

5. SEX: female

6. COLOR OR RACE: white

7. Married #☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11 Nov 1928

9. AGE (In years last birthday): 36

If Under 1 Year: Months | Days
If Under 24 Hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Glover

14. MOTHER'S MAIDEN NAME: Emma Doherty

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 Address: Lyle Ensign Olympia, Wash

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gunshot wound
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b) Self inflicted
DUE TO (c) APR 14 1965

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? Yes ☐ No #☐

20a. ACCIDENT ☐ **SUICIDE** ☑ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Placed barrel of 12 gauge shotgun in mouth—pulled trigger

20c. TIME OF INJURY Hour a. m. / p. m.: 12 Month, Day, Year: 3 4 65

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hall of Rom

20f. CITY, TOWN, OR LOCATION Olympia COUNTY Thurston STATE Wash

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hollis B Fridy, Coroner

22b. ADDRESS: 304 Wilson

22c. DATE SIGNED: 3/5/65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8 March 65

23c. NAME OF CEMETERY OR CREMATORY: Forest Memorial Gardens

23d. LOCATION (City, town, or county) (State): Olympia, Wash

24. FUNERAL DIRECTOR ADDRESS: Mills & Mills Olympia, Wash

25. DATE REC'D BY LOCAL REG.: 3/5/65

26. REGISTRAR'S SIGNATURE: [illegible] M.D.

S. F. No. 7784—7-61—75M. 69011.