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

# Washington State Board of Health

## CERTIFICATE OF DEATH

Record No. 321

Registered No. 26

PLACE OF DEATH

County of Snohomish

City or Town of Snohomish No. Aldercrest Sanatorium (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 7 (If nonresident give city or town and State)

2 FULL NAME James Libby

(a) Residence. No. 100 St. Monroe Wash. (Usual place of abode)

Length of residence in Registration Dist. yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Male

4 Color or Race: Indian

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

5a If married, widowed, or divorced: Husband of (or) Wife of

6 Date of Birth (month, day, and year): Jan. 1st 1902

7 Age: Years 18 Months 2 Days 28 If less than 1 day, ___ hrs. or ___ min.

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

9 Birthplace (city or town) (State or country): Washington

PARENTS

10 Name of Father: William Libby

11 Birthplace of Father (city or town) (State or country): Washington

12 Maiden name of Mother: Lizzie Jimison

13 Birthplace of Mother (city or town) (State or country): Washington

14 Informant: William Libby (Father) (Address) 100 Monroe Wash.

15 Filed July 1, 1920 Stan T. Overton Registrar.

(Mistaid K.T.S.)

### MEDICAL CERTIFICATE OF DEATH

16 Date of Death: March (Month) 24th (Day), 1920 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 23rd, 1920, to Mar 24th, 1920, that I last saw him alive on March 23rd, 1920, and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis 7 D

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) ___ (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. L. Woodford, M. D.

, 19 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 Place of burial, cremation, or removal: Monroe

Date of burial: Mar. 27 1920 2 PM

20 Undertaker: E. E. Purdy & Sons

Address: Snohomish

Signature of Undertaker

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## Revised Standard Certificate of Death

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

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relations of dangerous pursuits can be

Examples: Cerebrospinal fever (the disease. Epidemic cerebro- only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningeal, etc., of... itoneum, etc., Carcinoma, Sarcoma, etc., of... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. (secondary or intercurrent) the contributory (secondary) cause should be stated unless it is important.

See instructions on back of certificate.

STATEMENT OF CAUSE OF DEATH.—Medical terms are not necessary. Exact state-ment of disease, injury, or complication should be made, so that it may be properly classified. Exact state-ment of cause of death is very important. See instructions on back of certificate.

NOTE.—Cause of death is very important.