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

WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 78

File No.

Registered No. 164

PLACE OF DEATH

County of SKAGIT COUNTY

City or Town of SEDRO-WOOLLEY

Registration Dist. No. 3

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

(No. NORTHERN STATE HOSPITAL St.; Ward)

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

FULL NAME Ernest A. Sealon 358

Personal and Statistical Particulars

3 Sex: male

4 Color or Race: White

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

6 Date of Birth: ——— (Month) ——— (Day) ——— (Year)

7 Age: 42 yrs. — mos. — ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

9 Birthplace (State or country): Minn

PARENTS

10 Name of Father: J. C. Sealon

11 Birthplace of Father (State or country): —

12 Maiden name of Mother: Mary E. Douglas

13 Birthplace of Mother (State or country): —

14 The above is true to the best of my knowledge

(Informant):

(Address):

15

Filed ———, 191— ———
Registrar.

Medical Certificate of Death

16 Date of Death: Feb. (Month) 14 (Day) 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1916, to Feb 14, 1917, that I last saw h— alive on Feb 13, 1917, and that death occurred, on the date above, at 8:30 a.m.
The CAUSE OF DEATH* was as follows:

General Paresis
30 / 60ths months
(Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) Joseph Stehi, M. D.
Feb 14 1917 (Address) Sedro Woolley

*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 6 yrs. — mos. — ds. In the State 25 yrs. — mos. — ds.
Where was disease contracted, if not at place of death?
Former or usual residence Buckley Wash

19 Place of Burial or Removal: Seattle — Date of Burial ———, 191—

20 Undertaker: A. F. Baker — Address

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 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 employ-

Carcinoma, Sarcoma, etc., or ..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepsis."