

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

PLACE OF DEATH, Shaght WASHINGTON STATE BOARD OF HEALTH
 County of Shaght BUREAU OF VITAL STATISTICS
 City or Town of _____ CERTIFICATE OF DEATH
 Registration Dist. No. _____ (No. 553 St.; _____ Ward)
 [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] FULL NAME Elizabeth G. Simonds [If death occurred in a Hospital or Institution give its NAME instead of street and number.]

Personal and Statistical Particulars		Medical Certificate of Death	
3 Sex <u>Female</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed, or Divorced <u>Married</u> (Write the word)	10 Date of Death <u>December 21</u> , 191 <u>5</u> (Month) (Day) (Year)
6 Date of Birth <u>About 1861</u> , 191 <u>5</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 3rd</u> , 191 <u>5</u> , to <u>Dec 21</u> , 191 <u>5</u> , that I last saw her alive on <u>Dec 21</u> , 191 <u>5</u> , and that death occurred, on the date above, at <u>2 a.</u> m. The CAUSE OF DEATH* was as follows: <u>Lobar pneumonia</u> (Duration) — yrs. — mos. <u>one</u> ds.	
7 Age <u>About 54 yrs</u> — yrs. — mos. — ds. If LESS than 1 day, — hrs. or min.?		Contributory (Secondary) (Duration) — yrs. — mos. — ds. (Signed) <u>H. D. Miller</u> , M. D. <u>Dec 21, 1915</u> (Address) <u>Sedro-Woolley</u>	
8 Occupation (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer)		*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
9 Birthplace (State or country) <u>Onida, Wisconsin</u>		18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents) At Place of death — yrs. — mos. — ds. In the State <u>10</u> yrs. — mos. — ds. Where was disease contracted, If not at place of death? Former or usual residence <u>Bothel, Washington</u>	
PARENTS	10 Name of Father <u>E. A. Goodman</u>	19 Place of Burial or Removal <u>Bothel, Wash.</u> Date of Burial _____ 191 <u>5</u>	
	11 Birthplace of Father (State or country) <u>New York</u>	20 Undertaker <u>A. F. Baker - Sedro-Woolley</u> Address _____	
	12 Maiden name of Mother <u>Ellen Thopton</u>		
13 Birthplace of Mother (State or country) <u>Troy, Canada</u>			
14 The above is true to the best of my knowledge (Informant) <u>H. D. Miller</u> (Address) <u>Sedro-Woolley, Wash.</u>			
15 Filed _____ 191 <u>5</u> Registrar _____			

OF DEATH

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

STATEMENT OF OCCURRENCE—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.

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, meningitis, peritonitis, etc.; Carcinoma, Sarcoma, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic volutar heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29