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

PLACE OF DEATH

County of Skagit

City or Town of

Registration Dist. No.

(No. 553 St.; Ward)

Record No. 312

File No. 12226

Registered No.

[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

3 Sex: Female

4 Color or Race: White

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

6 Date of Birth: About 1861 (Month) (Day), 191 (Year)

7 Age: About 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 Occupation (a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business or establishment in which employed (or employer):

9 Birthplace (State or country): Oneida, Wisconsin

PARENTS

10 Name of Father: E.A. Goodman

11 Birthplace of Father (State or country): New York

12 Maiden name of Mother: Ellen Thopton

13 Birthplace of Mother (State or country): Troy, Canada

14 The above is true to the best of my knowledge

(Informant) H.D. Miller.

(Address) Sedro-Woolley, Wash.

15 Filed 1915 Registrar.

Medical Certificate of Death

16 Date of Death: December 21 (Month) (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 3rd 1915, to Dec 21 1915, that I last saw her alive on Dec 21 1915, and that death occurred, on the date above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) — yrs. — mos. one ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) H.D. Miller, M. D.

Dec 21, 1915 (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: yrs. mos. 18 ds. In the State 10 yrs. — mos. — ds.

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

Former or usual residence: Bothel, Washington

19 Place of Burial or Removal: Bothel Won

Date of Burial: 191

20 Undertaker: A F Baker

Address: Sedro Woolley