

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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

WASHINGTON STATE BOARD OF HEALTH

33

PLACE OF DEATH

County of Shuster
City or Town of Olympia
Registration Dist. No. R. 11

BUREAU OF VITAL STATISTICS

Record No. _____

File No. _____

Registered No. 16

CERTIFICATE OF DEATH

(No. West Side) St.; _____ Ward)

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

FULL NAME Alonzo Alfred 4/16

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

Personal and Statistical Particulars

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced Married
(Write the word)

6 Date of Birth Jan 1 1840
(Month) (Day) (Year)

7 Age 74 yrs. mos. ds. If LESS than 1 day, hrs. or min. 7

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

9 Birthplace (State or country) New York

10 Name of Father Peter Alfred

11 Birthplace of Father (State or country) Sweden

12 Maiden name of Mother Caroline Cooney

13 Birthplace of Mother (State or country) New York

14 The above is true to the best of my knowledge

(Informant) _____

(Address) _____

15 Filed 4-1 1914 State of Washington Registrar

Medical Certificate of Death

16 Date of Death Mar 28 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 1914 to _____ 1914 that I last saw him alive on _____ 1914

and that death occurred, on the date above, at _____ m.

The CAUSE OF DEATH was as follows:

Not known - M. Doctor Had very bad cold.

(Duration) _____ yrs. mos. ds.

Contributory (Secondary) M. Tubercle

(Signed) Co. Coroner Thurston Co.

1914 (Address) Oly 20

*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 _____ In the _____ State _____ yrs. mos. ds.

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

Former or usual residence _____

19 Place of Burial or Removal _____ Date of Burial _____

S.P.O.F. Cemetery Apr 1 1914

20 Undertaker _____ Address _____

M. Tubercle Oly 20



WHITE PLAIN, WITH UN... THIS IS A PERMANENT RECORD. N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Read statement of OCCUPATION is very important. See instructions on back of certificate.