STATE OF WASHINGTON
DEPARTMENT OF HEALTH

113331 WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES BOOK 128 PAGE 284
BUREAU OF VITAL STATISTICS

PRINT IN INK — M-1 LOCAL FILE NUMBER 176-M

CERTIFICATE OF DEATH

STATE FILE NUMBER 2875

DECEASED—NAME (FIRST / MIDDLE / LAST)	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JAMES ALBERT MAGUIRE	2. Male	3. February 7, 1973

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 59	5b.	5c.	6. 6-19-13	7a. Clark

CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. Vancouver	7c. Yes	7d. V. A. Hospital, Vancouver, Washington

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. California	9. USA	10. Divorced	11. - - -

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. 559-07-2764	13a. Sanitary Engineer	13b. - - - 492X

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Washington	14b. Skamania	14c. Stevenson	14d. - -	14e. - -

FATHER—NAME (FIRST / MIDDLE / LAST)	MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)
15. John Francis Maguire	16. Agnes Josephine Kruger

INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. VA Hospital records	17b. V. A. Hospital, Vancouver, Washington 98661

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE	(a) Pulmonary congestion and edema	Terminal
DUE TO, OR AS A CONSEQUENCE OF:	(b) Congestive heart failure	Weeks
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(c) Cardiomegaly and pulmonary emphysema	Years

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c)

19. 1. Laennec's cirrhosis 2. Obesity

AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. Yes	19b. Yes

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c. M.	20d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20f.	20g.

CERTIFICATION—PERSON VA ATTENDED THE DECEASED FROM (MONTH DAY YEAR)	TO (MONTH DAY YEAR)	AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR)	DID/DID NOT VIEW THE BODY AFTER DEATH	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. 2 - 6 - 73	21b. 2 - 7 - 73	21c. 2 - 7 - 73	21d. did	21e. 11:05 pm.	

CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR)
22a. M.	22b. M.

CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. RUSSELL M. MAYNARD, M.D.	23b. [signature]		23c. 2-9-73

MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO.)	CITY OR TOWN	STATE	ZIP
23d. VA Hospital, Fourth Plain & O Street	Vancouver	Washington	98661

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION (CITY OR TOWN)	STATE
24a. Burial	24b. Carson Community Cem.	24c. Carson,	Washington 98672

DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. 2/13/73	25a. Gardner Funeral Home - PO Box 276 White Salmon Wn

FUNERAL DIRECTOR—SIGNATURE	REGISTRAR'S SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
26a. [signature]	26b. [signature]	26c. FEB 13 1973

HEA-67 (S. F. 81911) 6-71

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No 429890
CERTIFIED
RONENA NELSON-CONTY
STATE REGISTRAR
OF VITAL RECORDS
NOV. -5.1991
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