3245	" JK 0000	WASHINGTON STATE DE	PARTMENT OF HEALTH	STATE FILE NO	
18841	REG. DIST NO.	CERTIFICAT	E OF DEATH	REGISTRAR'S NO. 5	09-M
	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Who	b. COUNTY	f damission)
	' (Jaro	c. LENGTH OF	Washington c. CITY, TOWN, OR LOC	ATION	3
	b. city, town, or location ancouver	STAY IN 16		Rural.	
	d. NAME OF (If not in hosp	ital, give street address)	d. STREET ADDRESS		
	HOSPITAL OF anc. Me	m. Hospital		50 7	DOW A PARM?
	e. IS PLACE OF DEATH INSIDI	E CITY LIMITS?	e. IS RESIDENCE INSIDE	i	
	Yes No Siret	Middle	Limits? Yes 1	974 A-C	oay Year
	DECEASED (Type or print)	A Hilberg	1 07		21, 1958
	5. SEX 6. COLOR OR RACE	7. Married Never Married	8. DATE OF BIRTH 9. AGE	(In years If Under 1 Year Months Days	If Under 24 Hrs.
	Female White	Widowed Divorced	July 14, 1412	46	ZEN OF WHAT
	10a. USUAL OCCUPATION (Give kind of work done during input of working kifef oven if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or 1000) Larkston. Wes	hington	CODUNTRY?
	13. FATHER'S NAME	//	14. MOTHER'S MAIDEN NA		
	Allan F. Knig	pht		mey	•
	15. WAS DECEASED EVER IN U. S. ARM (Yes, no, or unknown) (If yes, give war or da		17. INFORMANT	era. Ridgeti	ald Wash
		Unknown			VAL BETWEEN
	PART I. DEATH WAS CAUS		O CALL OF		T AND DEATH
	IMMEDIATE CAU	JSE (a)	<u> </u>		
	Conditions, if any, which give rise to DUE	TO (b)			
1011111	above cause (a),		4.2		
	lying cause last. DUE	TO (c)	BUT NOT RELATED TO THE TER	MINAL DISEASE 19. W	AS AUTOPSY
RECEIVED	CONDITION GIVEN IN PART I(a)			PE Ye	RFORMED? No []
NOV 🏞 196			W INJURY OCCURRED. (Ente	r nature of injury in Part I or I	Part II of them 18.)
SKA. AANIA COL					
AUDITORS LF	INJURY .m.	Day, Year	-		* **
A M.	20d. INJURY OCCURRED	20g, PLACE OF DUTURY (e.g., in or ab	out 20f. CITY, TOWN, OR I	OCATION COUNT	Y STATE
TETETY	While at Not while	home, farm, factory, street, effice bidg., e	tc.)	~ I	•
	21. I attended the deceased fr	om · to	and last	saw him alive on	
-150M	Death occurred at	m on the date states	l above; and to the best of t	ny knowledge, from the	causes stated.
8	22a. SIGNATURE	(Degree or Hije)	22b. ADDRESS	4 mm 22c D	ATE SIGNED
Ī	23a. BURIAL PREMATION, 23b. DAT	1 780 NAME OF CEME	TERY OR CREMATORY 23d. LOC	CATION (City, town, or count	y) (State)
7784		25/58 Rose City			gon.
No.	24. FONERAL DIRECTOR Uner	of April Vanc	DATE REC'D BY LOCAL 14 28,	RECEIVED SEIGNATU	aumini
ta. có	V neod of same	Waster Waster	2 3 1958		
7				•	7.7.7
		· · · · · · · · · · · · · · · · · · ·	Manager Harris Co. Co. Co.		* * *
T	HIS IS TO CERTIFY, that	t the foregoing is a	true copy (photo	graphic).	7
. 0.	f a record on file with	n the Department of	Health, Vancouver	, Washington	. *• ,
\	* -	Histo	elle Champa	in Mil	
	SED SAME			1	•
/::	SEP. 2 2 195	Dong	1d A. Champaign,	M.D. M.P.H.	•
A COLUMN	COL	Dis	trict Health Offic	er	
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	in Record at 24 1960	B			
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