

88104 G 651192 WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS 959661

FORM OR PRINT IN SUBSEQUENT EDITIONS 2-00

D-2 LOCAL PER NUMBER 5-D CERTIFICATE OF DEATH 684-59 DATE OF DEATH (MONTH, DAY, YEAR) April 6, 1975

DECEASED NAME Earl Horace Knapp SEX Male

RACE White AGE - LAST BIRTHDAY (MONTH, DAY, YEAR) 59 DATE OF BIRTH (MONTH, DAY, YEAR) 4-28-1915

CITY, TOWN, OR LOCATION OF DEATH Washougal WASH. COUNTY OF DEATH Skamania

STATE OF BIRTH (MONTH, DAY, YEAR) Washington USA

SOCIAL SECURITY NUMBER [REDACTED] MARITAL STATUS (IF WIFE, GIVE MARITAL NAME) Bernice Scott

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF YEAR) Farmer BUSINESS OR INDUSTRY (IF SELF-EMPLOYED) Farmer (self-employed)

RESIDENCE - STATE Pierce CITY, TOWN, OR LOCATION Gig Harbor STREET AND NUMBER 14119 - 87th Ave NW

FATHER - NAME Earl Horace Knapp MOTHER - NAME Lily N. Forsberg

INFORMANT - NAME Bernice Knapp ADDRESS 14119 - 87th Ave, NW Gig Harbor 98335

DATE 1 DEATH CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) Coronary Occlusion Immediate

(b) [REDACTED]

(c) [REDACTED]

PART II OTHER SIGNIFICANT COND. (a) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b) AUTOPSY (YES OR NO) No (c) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Natural Cause DATE OF INJURY (MONTH, DAY, YEAR) April 6, 1975 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b) Coronary Occlusion

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) Rt. 2, Box 1602, Washougal, Wn.

CERTIFICATION - (a) I ATTENDED THE DECEASED (b) I AM A PHYSICIAN (c) I AM A CLERGYMAN (d) I AM A NURSE (e) I AM A DENTIST (f) I AM A VETERINARIAN (g) I AM A MIDWIFE (h) I AM A CHAPLAIN (i) I AM A SOCIAL WORKER (j) I AM A HEALTH CARE PROVIDER (k) I AM A MEMBER OF THE MEDICAL EXAMINER'S BOARD (l) I AM A MEMBER OF THE BOARD OF HEALTH (m) I AM A MEMBER OF THE BOARD OF COUNTY COMMISSIONERS (n) I AM A MEMBER OF THE BOARD OF SUPERVISORS (o) I AM A MEMBER OF THE BOARD OF EDUCATION (p) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (q) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF COMMUNITY DEVELOPMENT (r) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF REVENUE (s) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF TRANSPORTATION (t) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF UTILITIES (u) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF WATER RESOURCES (v) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF WILDLIFE (w) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF ZONING (x) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (y) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (z) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES

CERTIFIED BY ROBERT K. LERCH, M.D., M.P.H. CORONER DATE SIGNED (MONTH, DAY, YEAR) April 10, 1975

MAKING ADDRESS Court House Bldg., Stevenson, WA STATE 98648

BURIAL - (a) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (b) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF COMMUNITY DEVELOPMENT (c) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF REVENUE (d) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF TRANSPORTATION (e) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF UTILITIES (f) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF WATER RESOURCES (g) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF WILDLIFE (h) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF ZONING (i) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (j) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (k) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (l) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (m) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (n) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (o) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (p) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (q) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (r) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (s) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (t) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (u) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (v) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (w) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (x) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (y) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES (z) I AM A MEMBER OF THE BOARD OF COMMISSIONERS OF THE DEPARTMENT OF OTHER AGENCIES

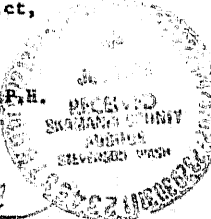
DATE April 10, 1975 REGISTRAR SIGNATURE [REDACTED] DATE OF LOCAL REGISTRATION April 10, 1975

DHS 9-101 (N-7) (HCA 67) (Formerly S.F. 8191)

THIS IS TO CERTIFY, that the foregoing is a true copy (photographic) of a record on file with the South West Washington Health District, THURSTON COUNTY STEVENSON, WASHINGTON.

Jun 13 10 57 AM 1975 Gerald A. Champaign, M.D., M.P.H. District Health Officer

By [Signature] (clerk)



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