

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

118277

CERTIFICATE OF DEATH

BOOK 146-8

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NAME: OLAF GILBERT NELSON

DATE OF BIRTH: June 24, 1905

PLACE OF BIRTH: Stevenson, WA

DATE OF DEATH: July 10, 1993

PLACE OF DEATH: 363 Vancouver Ave., Stevenson, WA

CAUSE OF DEATH: CORONARY THROMBOSIS

DIAGNOSIS: CORONARY THROMBOSIS

SIGNATURE: Robert K. Leick, County Coroner, Chelan County, WA

SIGNATURE: GARTH H. OLSON, AUDITOR

SIGNATURE: Wayne K. Shanderson, District Health Officer

SIGNATURE: Judith Evert, Deputy Registrar