

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## WASHINGTON STATE DEPARTMENT OF HEALTH PUBLIC HEALTH STATISTICS SECTION CERTIFICATE OF DEATH

REG. DIST. NO. M-1  
REGISTRAR'S NO. 131

STATE FILE NO.

**13283**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Clallam</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Port Angeles</u> c. LENGTH OF STAY (in this place) <u>3 Weeks</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Port Angeles General</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Washington</u> b. COUNTY <u>Clallam</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Port Angeles</u> d. STREET (If rural, give location) ADDRESS <u>1701 W. 7th</u>		
<b>3. NAME OF DECEASED</b> a. (First) <u>Dorothea</u> b. (Middle) <u>Delo</u> c. (Last) <u>Delo</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>August 9, 1950</u>			
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Sept 1, 1895</u>	<b>9. AGE</b> (In years last birthday) <u>54</u>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>housewife</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Nebraska</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
<b>13. FATHER'S NAME</b> <u>unknown</u>			<b>14. MOTHER'S MAIDEN NAME</b> <u>Miram Talstad</u>		
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		
<b>17. INFORMANT</b> <u>Harry W. Delo</u>			<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		
<b>19a. DATE OF OPERATION</b>  			<b>19b. MAJOR FINDINGS OF OPERATION</b>  		
<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			<b>21. HOW DID INJURY OCCUR?</b>  		
<b>22. I hereby certify that I attended the deceased from</b> <u>7-1</u> <u>1950</u> <b>to</b> <u>8-9</u> <u>1950</u> <b>that I last saw the deceased alive on</b> <u>8-9</u> <u>1950</u> <b>and that death occurred at</b> <u>4 PM</u> <b>from the causes and on the date stated above.</b>			<b>23. SIGNATURE</b> (Degree or title) <u>Thomas W. McDonald</u>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>			<b>24b. DATE</b> <u>8-11-50</u>		
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Angeles</u>			<b>24d. LOCATION</b> (City, town, or county) (State) <u>Port Angeles, Wash</u>		
<b>25. FUNERAL DIRECTOR</b> <u>Verla McDonald</u>			<b>ADDRESS</b> <u>115 W. 4th</u> <u>Port Angeles, Wn.</u>		
<b>DATE REC'D BY LOCAL REG.</b> <u>8/10/50</u>			<b>REGISTRAR'S SIGNATURE</b> <u>Philip C. Rissler, M.D.</u>		

