

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

STATE FILE NO. **26318**

REG. DIST. NO. **D-5** **CERTIFICATE OF DEATH** REGISTRY NO. **P-2**

1. PLACE OF DEATH a. COUNTY Okanogan		3. USUAL RESIDENCE (Where deceased lived, if institution, residence before & STATE Washington b. COUNTY Okanogan)	
b. CITY, TOWN, OR LOCATION Brewster		c. CITY, TOWN, OR LOCATION Brewster	
c. LENGTH OF STAY IN ID 67 yrs		d. STREET ADDRESS Unknown	
d. NAME OF HOSPITAL OR INSTITUTION Brewster Hosp.		e. IS RESIDENCE INSIDE CITY <input type="checkbox"/> f. IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Rachel Enanda Sweeney		4. DATE OF DEATH Month Day Year 12/11/65	
5. SEX F	6. COLOR OR RACE White	7. MARRIAGE STATUS Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Month Day Year 2/28/1884
9a. USUAL OCCUPATION (How kind of work does decedent do at present? (If past, give year or date of service)) HOECHMAKER		9b. KIND OF BUSINESS OR INDUSTRY	
10. USUAL RESIDENCE (How kind of work does decedent do at present? (If past, give year or date of service)) HOECHMAKER		11. BIRTHPLACE (State or foreign country) Selenon, Kansas	
12. FATHER'S NAME Wm A. Martin		13. MOTHER'S MAIDEN NAME Julia Trospier	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? No		15. SOCIAL SECURITY NO. None	
16. INFORMANT Mrs June Galbraith		Address Brewster, Wn	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure (Congestive)		INTERVAL BETWEEN ONSET AND DEATH 1 year	
Conditions, if any, which give rise to above cause (b), stating the underlying cause last		DUE TO (b) arteriosclerosis (congeny)	
DUE TO (c) Senescent arteriosclerosis		19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELIEVED TO BE THE TERMINAL DISEASE (CONDITION GIVEN ON PART I)		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (State nature of injury in Part I or Part II of item 12.)		20c. TIME OF INJURY Hour Jan 13 1966 M. 11:30 P. 11:30 A. 11:30 M. 11:30	
21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building)	
21c. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1935 to 12-11-65 and last saw her alive on Dec 11-1965 Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Rachel W Sweeney m.p.		22b. ADDRESS Brewster Wash	
22c. DATE SIGNED 12-12-65		22d. NAME OF CEMETERY OR CREMATORY Brewster Cem	
22e. LOCATION (City, town, or county) Brewster, Wn		22f. FUNERAL DIRECTOR Wm Barnes	
22g. ADDRESS Brewster, Wn		22h. DATE REC'D BY LOCAL REG. 12/14/65	
22i. REGISTRAR'S SIGNATURE Wm R L Lambertson		22j. DATE SIGNED 12-12-65	

S. P. No. 1784-4-D-7334. TELE. 1018.

