

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

1. PLACE OF DEATH

Washington State Board of Health

Record No. 65

County of *Clallam*

BUREAU OF VITAL STATISTICS

Registered No. 6

City or Town of *Mall*

CERTIFICATE OF DEATH

Registration Dist. No. *M-1* No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. *14* ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

1. FULL NAME *Edgar Daniels Sweeney 500*  
(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward *Brewster, Wash.*  
(If decedent give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX *male* 3. COLOR OR RACE *white* 4. Single, Married, Widowed or divorced (write the word)

5. If married, widowed, or divorced, HUSBAND or WIFE of *Esther Emanda Maitland*

6. DATE OF BIRTH (month, day, and year) *Feb 13 1861*

AGE Years *75* Months *2* Days *26*

7. Trade, profession, or particular kind of work done, as engineer, Sawyer, bookkeeper, etc. *drug business*

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hart Mart Popond*

9. Date deceased last worked at this occupation (month and year) *1922*

10. BIRTHPLACE (city or town) (State or country) *New Philadelphia Ohio*

11. NAME \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

13. MAIDEN NAME *Ann*

14. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

15. INFORMANT *Mrs N Sweeney*

16. SIGNATURE *Edgar D Sweeney*

17. UNDER TAKEN *Edgar D Sweeney*

18. FILED *6/1 1928 Ontonagon*

19. REGISTRY \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

17. DATE OF DEATH (month, day, and year) *May 9 1938*

18. I HEREBY CERTIFY, That I declared deceased from \_\_\_\_\_ to \_\_\_\_\_

I last saw him alive on *5/7* death is held

to have occurred on the date stated above, at *6:15* am.

The principal cause of death and related causes of importance in order of causation follows: *468*

*Carcinoma of stomach, liver etc*

*causing a complete obstruction of pylorus*

Contributory causes of injury and not held to be principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

19. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

19. Nature of injury \_\_\_\_\_

20. Was disease or injury \_\_\_\_\_ found to be cause of death?

If so, specify \_\_\_\_\_ (Signed) *E D Sweeney* M. D.

(A. S. from) *Ontonagon*

