STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Mail or Deliver This Certificate to Your Local Registrar. Not to the State Board of Health.

# WASHINGTON STATE BOARD OF HEALTH

Record No. 278

## BUREAU OF VITAL STATISTICS

File No. .....

## CERTIFICATE OF DEATH

Registered No. 25

PLACE OF DEATH

County of Pierce

City or Town of Puyallup

Registration Dist. No. .....

(No. 201, 6th Ave N.E. St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Robert McLaren

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

### Personal and Statistical Particulars

3 Sex: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (Write the word): Married

6 Date of Birth: Dec 4th (Month) (Day) 1852 (Year)

7 Age: 65 yrs. 5 mos. 6 ds. If LESS than 1 day, ..... hrs. or ..... min.?

8 Occupation
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry, business or establishment in which employed (or employer): .....

9 Birthplace (State or country): Ontario Canada

PARENTS

10 Name of Father: Benjamin McLaren

11 Birthplace of Father (State or country): Vermont

12 Maiden name of Mother: Ellen McMartin

13 Birthplace of Mother (State or country): Ontario Canada

14 The above is true to the best of my knowledge

(Informant) Jas McLaren

(Address) 201-6th Ave N.E. Puyallup

15 Filed May 10, 1918 Wm. R Whitwell Registrar.

### Medical Certificate of Death

16 Date of Death: May (Month) 10 (Day) 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1918, to May 10, 1918, that I last saw him alive on ..... 191..., and that death occurred, on the date above, at 7-15 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

14

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (Secondary) Gall Stones

(Duration) 7y yrs. ..... mos ..... ds.

(Signed) Wm R. Whitwell M. D.

May 11, 1918 (Address) Puyallup Wash

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)

At Place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 Place of Burial or Removal: Summer Cemetery — Date of Burial: May 12, 1918

20 Undertaker: Valley Undertaking Co — Address: Puyallup

(Signature or Undertaker)

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (12/11)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL