

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

PLACE OF DEATH  
 COUNTY OF *Inhohamish*  
 OR  
 CITY OF *Everett*

CENSUS OFFICE  
 STANDARD CERTIFICATE OF DEATH  
 STATE OF WASHINGTON

2284

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

(No. ....)

St; .....

Ward) .....

REGISTER NO. ....

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

FULL NAME

*William Gardner*

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*  
 DATE OF BIRTH .....  
 (Month) (Day) (Year)

AGE  
*77* years, *11* months, *4* days

SINGLE, MARRIED  
WIDOWED OR DIVORCED*married*BIRTHPLACE  
(State or Country)*Mossa Scotland*NAME OF  
FATHER*Matthew Gardner*BIRTHPLACE  
OF FATHER  
(State or Country)*Mossa Scot*MAIDEN NAME  
OF MOTHER*Elizabeth Bell*BIRTHPLACE  
OF MOTHER  
(State or Country)

OCCUPATION

*Retired*THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST  
OF MY KNOWLEDGE AND BELIEF

(INFORMANT) .....

(ADDRESS) .....

FILED

190.....

Registrar.

C-277

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

*Oct 1* 1906  
 (Month) (Day) (Year)

HEREBY CERTIFY, That I attended deceased from  
~~Mossa Scotland~~ 1906 to *Oct 2* 1906,  
 that I last saw him alive on *Oct 1* 1906,  
 and that death occurred, on the date stated above, at *5 P.M.*  
 The CAUSE OF DEATH was as follows:

*Gastric Cancer*

(DURATION) ..... Days

Contributory.....

(DURATION) ..... Days

(Signed) .....

190..... (Address).....

SPECIAL INFORMATION only for Hospitals, Institutions,  
Transients, or Recent Residents.Former or  
Usual Residence .....How long at  
Place of Death? ..... DaysWhere was disease contracted,  
if not at place of death? .....

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

190.....

UNDERTAKER

ADDRESS