34490 WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS
Vol. M77 Page 15416

TYPE OR PRINT IN PERMANENT INK — M-1 LOCAL FILE NUMBER 304

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED

1. DECEASED—NAME: Milton keary Allen (FIRST MIDDLE LAST)
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): 5/13/77
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 61
5b. UNDER 1 YEAR (MOS., DAYS)
5c. UNDER 1 DAY (HOURS, MIN.)
6. DATE OF BIRTH (MONTH, DAY, YEAR): 11/26/15
7. COUNTY OF DEATH: Snohomish
7a. CITY, TOWN, OR LOCATION OF DEATH: Everett, Wash.
7b. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Everett General Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Mississippi
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Louise R. Allen
12. SOCIAL SECURITY NUMBER: 425-01-0580
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Mill Worker
13b. KIND OF BUSINESS OR INDUSTRY: Lumber

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Wash.
14b. COUNTY: Snohomish
14c. CITY, TOWN, OR LOCATION: Everett, Wash.
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 1512 Hoyt Ave.

PARENTS

15. FATHER—NAME (FIRST MIDDLE LAST): Hugh B. D. Allen
16. MOTHER—MAIDEN NAME (FIRST MIDDLE LAST): Ina Press (Dear) Allen

17a. INFORMANT—NAME: Louise R. Allen
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1512 Hoyt Everett, Wash. 98201

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE (a): Congestive heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 hrs
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b): Coronary thrombosis (coronitis) old — 4 yrs
DUE TO, OR AS A CONSEQUENCE OF
(c): Arterio sclerosis — 4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b)

19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH DAY YEAR): 10 3 70
21b. TO (MONTH DAY YEAR): 5 13 77
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR): 5 12 77
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: NOT
21e. DEATH OCCURRED (HOUR): 8:30 P. M.
AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED

22a. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR)

23a. CERTIFIER—NAME (TYPE OR PRINT): D.J. Stewart / J. Patrick Nolan
23b. SIGNATURE: D.J. Stewart
DEGREE OR TITLE: M.D.
23c. DATE SIGNED (MONTH, DAY, YEAR): 5/16/77
23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 39th at Colby Everett Wash. 98201

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Marysville
24c. LOCATION (CITY OR TOWN, STATE): Marysville, Wash.
24d. DATE (MONTH, DAY, YEAR): 5/17/77
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Irving-8029 40th Ave., N.E. Marysville, Wa. 98270
25b. FUNERAL DIRECTOR—SIGNATURE: [signature]
26a. REGISTRAR—SIGNATURE: Claris Hyatt M.D. M.P.H.
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAY 16 1977

DSHS 9-181 (6-73) (HEA 67) (Formerly S.F. 8171).

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT PHOTO COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THIS OFFICE.

Claris Hyatt M.D. M.P.H.
Health Officer and Registrar
Snohomish Health District
Courthouse
Everett, Washington 98201

A. Jane Swanson Asst. Reg.
(Original signature required to be valid)

Date MAY 16 1977

After recording return to
BOIVIN, BOIVIN & ASPELL
Attorneys At Law
110 N. Sixth Street
Klamath Falls, Ore. 97601

Not a certified copy without the raised gold seal of the SNOHOMISH HEALTH DISTRICT

Boivin + Boivin

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 22 day of Aug A.D., 19 77 at 1:59 o'clock P M., and duly recorded in Vol m 77, of deeds on Page 15416.

FEE 3.00

WM. D. MILNE, County Clerk
By [signature] Deputy