

34490

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

BUREAU OF VITAL STATISTICS

Vol. M77 Page 15416

CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINT OR PRINT IN
PERMANENT INK

34490 LOCAL FILE NUMBER 304

DECEASED—NAME
1. Milton Keary Allen
2. Male
3. 5/13/77
4. White
5. 11/26/15
6. Snohomish
7. Everett, Wash.
8. Yes
9. General Hospital
10. Married
11. Louise R. Allen
12. 425-01-0580
13. Mill Worker
14. Wash.
15. Snohomish
16. Everett, Wash.
17. 1512 Hoyt Ave.
18. 98201
19. Hugh B.D. Allen
20. Ina Paess (Dear) Allen
21. Louise R. Allen
22. 1512 Hoyt Everett, Wash. 98201
23. 10 3 70
24. 5 13 77
25. 5 12 77
26. Not
27. 8:30
28. J. Patrick Nolan
29. 39th at Colby
30. Everett
31. Wash.
32. 98201
33. Burial
34. Marysville
35. Marysville, Wash.
36. 5/17/77
37. Irving-8029 40th Ave., N.E. Marysville, Wa. 98270
38. 161977

DEATH WAS CAUSED BY:
18. (a) Coronary heart failure
(b) Coronary thrombosis (embolism) of
(c) Aortic aneurysm

OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), AND (c)

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

CERTIFICATION—PHYSICIAN:
21a. I ATTENDED THE DECEASED FROM
21b. I DID NOT VIEW THE BODY AFTER DEATH
21c. I DID NOT VIEW THE BODY AFTER DEATH
21d. I DID NOT VIEW THE BODY AFTER DEATH
21e. I DID NOT VIEW THE BODY AFTER DEATH
21f. I DID NOT VIEW THE BODY AFTER DEATH
21g. I DID NOT VIEW THE BODY AFTER DEATH
21h. I DID NOT VIEW THE BODY AFTER DEATH
21i. I DID NOT VIEW THE BODY AFTER DEATH
21j. I DID NOT VIEW THE BODY AFTER DEATH
21k. I DID NOT VIEW THE BODY AFTER DEATH
21l. I DID NOT VIEW THE BODY AFTER DEATH
21m. I DID NOT VIEW THE BODY AFTER DEATH
21n. I DID NOT VIEW THE BODY AFTER DEATH
21o. I DID NOT VIEW THE BODY AFTER DEATH
21p. I DID NOT VIEW THE BODY AFTER DEATH
21q. I DID NOT VIEW THE BODY AFTER DEATH
21r. I DID NOT VIEW THE BODY AFTER DEATH
21s. I DID NOT VIEW THE BODY AFTER DEATH
21t. I DID NOT VIEW THE BODY AFTER DEATH
21u. I DID NOT VIEW THE BODY AFTER DEATH
21v. I DID NOT VIEW THE BODY AFTER DEATH
21w. I DID NOT VIEW THE BODY AFTER DEATH
21x. I DID NOT VIEW THE BODY AFTER DEATH
21y. I DID NOT VIEW THE BODY AFTER DEATH
21z. I DID NOT VIEW THE BODY AFTER DEATH

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.
22a. CERTIFIER—NAME (TYPE OR PRINT)
22b. SIGNATURE
22c. DECEASED OR TITLE
22d. DATE SIGNED (MONTH, DAY, YEAR)
22e. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP
22f. MAILING ADDRESS—CERTIFIER
22g. CITY OR TOWN, STATE, ZIP
22h. CEMETERY OR CREMATORY—NAME
22i. LOCATION
22j. CITY OR TOWN, STATE, ZIP
22k. DATE (MONTH, DAY, YEAR)
22l. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
22m. DATE (MONTH, DAY, YEAR)
22n. FUNERAL DIRECTOR—SIGNATURE
22o. REGISTERED SIGNATURE
22p. DATE RECEIVED BY LOCAL REGISTRAR

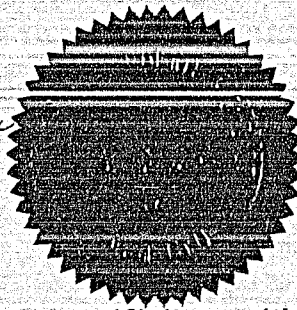
DS-5 9-181 (6-73) (HEA 67) (Formerly S.F. 81971)

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

Claudia Syatt, M.D., M.P.H.

Health Officer and Registrar
Snohomish Health District
Courthouse
Everett, Washington 98201

BOVIN, BOVIN & 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

A. Jane Swanson, R.N., R.S.
(Original signature required to be valid)
Date MAY 16 1977

Rel. Lavin + Lavin
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 *Clayton L. Linn* Deputy