

11-OS-9-67

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NUMBER

333

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INK

LOCAL FILE NUMBER

41

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH—MONTH, DAY, YEAR
William Wallace Wade					Male	August 30, 1968
RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH—MONTH, DAY, YEAR
White		547				1921/5/20
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
Goldendale		Yes		Klickitat Valley Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Oregon		US		Single		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
540-28-4213		Laborer		various		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Washington		Snohomish	Snohomish		Yes	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST
N. B. Wade					Anna Crites	
INFORMANT—NAME		MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP)				
Dolly Morton		115 Willow St. Snohomish, Wash. 98290				
PART I DEATH WAS CAUSED BY		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE		internal abdominal bleeding (struck by train)				4 1/2 hours
(b) DUE TO, OR AS A CONSEQUENCE OF		double pelvic ring fracture				Same
(c) DUE TO, OR AS A CONSEQUENCE OF		fracture left lower leg and ankle				Same
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I		AUTOPSY (YES OR NO)				IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
		no				no
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I, OR PART II, ITEM 18)			
Accident	8/30/68	6 P.M.	Struck by train			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR P.O. NO., CITY OR TOWN, STATE)				
no	Railway yards	Wishram, Washington				
CERTIFICATION—PHYSICIAN	MONTH	DAY	YEAR	MONTH	DAY	YEAR
I ATTENDED THE DECEASED FROM	8	30	68	8	30	68
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					
M. 1226						THE DECEASED WAS PRONOUNCED DEAD
DATE SIGNED (MONTH, DAY, YEAR)						DATE SIGNED (MONTH, DAY, YEAR)
8/31/68						8/31/68
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE					DATE SIGNED (MONTH, DAY, YEAR)
G. J. Timmer M.D.	G. J. Timmer M.D.					8/31/68
MAILING ADDRESS—CERTIFIER	STREET OR P.O. NO.					CITY OR TOWN
216 W. Main	Goldendale, Washington					STATE
						ZIP
						98620
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME					LOCATION
Removal	Bauer Funeral Chapel					Snohomish, Washington
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS					STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP
8/31/68	Knosher Funeral Home 303 W. Main, Goldendale, Wn.					98620
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE					DATE RECEIVED BY LOCAL REGISTRAR
Frank Knosher	Bernice B. C.					8-31-68

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY  
(PHOTOGRAPHIC) OF THE RECORD ON FILE WITH THE WASHINGTON  
STATE BUREAU OF VITAL STATISTICS, OLYMPIA, WASHINGTON