420	VITAL REC CERTIFICATE	OF SOCIAL AND HEALTH ORDS OF DEATH		
LOCAL FILE NUMBER. AMEFIRST, MIDDLE, LAST JEANNIE G. LOTTSFELDT	2 SEX	07-01-87	146-8	STATE FILE NUMBER
ACE (WHITE, BLACK, AM IND S. AGE LAST BIRTH	DER 1 YEAR 7 UNDER 1 UAY DAYS HOURS MINS	1 00 00-38	WHATCOM	12 RECEIVED EMERGENCY CARE ACE AMBULANCE, FREFIR, PARAMED?
WHITE CITY, TOWN OR LOCATION OF DEATH BELLINGHAM, WASHINGTON	11 PLACE OF DEATH & BOX FOR THE ST. JOSEPH	OR PLACE THEN GIVE ADDRESS OF PLACE THEN GIVE ADDRESS OF THE PLACE THE WHOSE HOSPITAL	EN NAME)	NO YESINO 17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YESINO)
BIRTH STATE (IP NOT IN	MARRIED	96. SPOUSE UP: WIFE GIVE MAIDEN NAME, PETER LOTTSFELDT 20. KIND OF BUSINESS OR INDUS		NO
SOCIAL SECURITY NO.	19. USUAL OCCUPATION IGIVE IN DURING MOST OF WORKING HOMECARE	为我被"在一种 <u>的选择"。第二次的一个</u>	HOUSEWIFE	25 STATE
238-52-4335 RESIDENCE - NUMBER AND STREET	22 CITYTOWN OR LOCATION BELLINGHAM	YES	WHATCOM	WASHINGTON
2101 "B" STREET.	COLEEN THOMAS		ASON CITY OR TOWN STATE	ZIP
FRANCE GOSNELL	29. MAILING ADDRESS 2101 "B" STR	EET	BELLINGHAM WA	98225
PETER LOTTSFELDT DE BURNAL CREMATION REMOVAL OTHER REPCORT OF EMA TLON: 07-02-87	CEMETERY/CREMATORY	JERNS AND LEVECK CREMATORY		WASHINGTON
CREMATION 07-UZ-87	135 NAME OF FACILITY	EVECK CHAPEL	36 ADDRESS OF FACILITY BELLINGHAM, WASHINGTON ETED ONLY BY MEDICAL EXAMINER OR CORONER VATION ANDIOR INVESTIGATION, IN MY OPINION DEATH OCCURRED A CE AND DUE TO THE CAUSE(S) STATED.	
(A) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C) CA CLA 48. OTHER SIGNIFICANT CONDITIONS CONDIT	TRIBUTING TO DEATH BUT NOT BEEA	TED TO CAUSE GIVEN ABOVE. HRS) S4 DESCRIBE HOW IN	49. AUTOPSY? (VES/MC	INTERVAL BETWEEN ONSE AND DEATH U INTERVAL BETWEEN ONSE AND DEATH INTERVAL BETWEEN ONSE AND DEATH INTERVAL BETWEEN ONSE AND DEATH
55. INJURY AT WORK? (YES/NO) 56. PLACE OF INJURY. AT HOME FARM. STREET, FACTORY. OFFICE BLOG. ETC. (SPECIFT) 58. REGISTRAR				29 DALECAVED 143
SCHATURE X THE SO, ITEM DOCUMENTARY EVIL CERTIFIED COPY ISSUED DEPARTMENT, 509 GIRA DATE JUL 2 2 1987.	BY THE BELLI RD STREET, P. SIGNA	ATURE // PHILLIP DIST	TICIONES M	ICT HEALTH WA 98227 TO., M.P.H. OFFICER DSHS 9-6