

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

**1 PLACE OF DEATH**  
**COUNTY OF WASHOE**

**NEVADA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**DUPLICATE CERTIFICATE OF DEATH**

TOWN OF \_\_\_\_\_  
or  
CITY OF Reno  
No. 309 Pine St.; \_\_\_\_\_ Ward)

State Index No. \_\_\_\_\_  
LOCAL REGISTERED NO. 397

(If death occurred in a hospital or institution, give the NAME, number of street and number, and city on the 10.)

\*Full Name Alida Hunter

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Female</u>	4 COLOR OR HAIR <u>W</u>	5 Height, Weight, or Complexion (Write the word) <u>W</u>
6 DATE OF BIRTH <u>1867</u>		
7 AGE <u>59</u> years, <u>-</u> months, <u>-</u> days		
8 OCCUPATION (a) Trade, profession or particular kind of work <u>at home</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>New York</u>		
PARENTS	10 NAME OF FATHER _____	11 BIRTHPLACE OF FATHER (State or country) _____
	12 MOTHER NAME OF MOTHER _____	13 BIRTHPLACE OF MOTHER (State or country) _____
	14a LENGTH OF RESIDENCE	
	At place of death _____ years _____ months	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE <u>Edward F. Hunter</u> (Address) <u>Reno, Nev.</u>		
15 <u>Mch 17 1905</u> <u>J.W. Hester</u> Ward _____ 192 _____ Signature or Deputy.		

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>3/3</u> , 190 <u>5</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY that I attended deceased from <u>Feb 27, 1905</u> to <u>Mch 3, 1905</u> and that death occurred on the date stated above at <u>Mch 9, 1905</u> and that death occurred on the date stated above at <u>9.10.05</u> The CAUSE OF DEATH* was as follows: <u>Endocarditis</u> <u>several</u> <u>Bronchial asthma</u> (Primary) (Secondary)
18 SIGNATURE (Date) <u>John J. Sullivan</u> <u>Mch 4, 1905</u> (Address) <u>621 So. Pa</u>	
19 SPECIAL INFORMATION only for Hospitals, Institutions, Townships, or Rural Districts Place of death _____ Place of birth _____ When was disease contracted, if known place of death _____ 19a <u>Washoe County</u> DATE OF DEATH <u>3/7</u> , 190 <u>5</u> <u>Ross Burke</u> Registrar	



This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: Mary A. Anderson Date: MAR 14 2005