

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

WASHINGTON STATE BOARD OF HEALTH

Record No. 584  
File No. 5496  
Registered No. 585

PLACE OF DEATH  
County of Spoканe  
City or Town of ✓  
Registration Dist. No. \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

(No. 61219 Everett Ave. St.; 5 Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Full Name Peter Putman Hardy <sup>630</sup>  
[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)

6 DATE OF BIRTH 3 (Month) 13 (Day) 1912 (Year)

7 AGE 64 yrs. 0 mos. 0 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Cook (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) wa

PARENTS  
10 NAME OF FATHER wa  
11 BIRTHPLACE OF FATHER (State or country) wa  
12 MAIDEN NAME OF MOTHER wa  
13 BIRTHPLACE OF MOTHER (State or country) wa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) P. E. Hardy  
(Address) 61219 Everett

15 Filed 7-6- 1912 Peter Bartlett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 1<sup>st</sup>, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1912, to July 1<sup>st</sup>, 1912, that I last saw him alive on July 1<sup>st</sup>, 1912, and that death occurred, on the date stated above, at 8:15 p.m.

The CAUSE OF DEATH\* was as follows:  
Apoplexy - Alcoholic  
(Duration) 1 yrs. 0 mos. 2 1/2 ds.

Contributory (SECONDARY) ✓  
(Duration) 1 yrs. 0 mos. 1 ds.

(Signed) W. O. Cole, M. D.  
July 6, 1912 (Address) 6925 Princeton Ave.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR PERCENT RESIDENTS)  
At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Fairmount DATE OF BURIAL July 7, 1912

20 UNDERTAKER Gilman Smith ADDRESS Spoканe

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS AND DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificate. DEATH in plain terms, so that it may be properly classified.

