

44273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 99
Registrar's No. 102

1. PLACE OF DEATH:
(a) County Walla Walla
(b) City or town Walla Walla
(c) Name of hospital or institution:
Walla Walla General Hospital
(d) Length of stay: In hospital or institution
In this community (Years, months or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County Walla Walla
(c) City or town College Place
(d) Street No. same
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) FULL NAME LEWIS ROGER FOOS
(b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? No
Name of organization in which such service was rendered: _____

3. (c) Social Security Number _____
MEDICAL CERTIFICATION
20. Date of death: Month May day 21
year 1940 hour 2:50 minute PM

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced widowed

21. I hereby certify that I attended the decedent from July 3 1936 to May 20 1940; that I last saw him alive on May 20 1940; and that death occurred on the date and hour stated above.

6(b) Name of husband or wife Emma J. Foos 6(c) Age of husband or wife if alive _____ years

Immediate cause of death
Coronary sclerosis 94%

7. Birth date of deceased March 1, 1857
(Month) (Day) (Year)

Due to _____

8. AGE: Years Months Days If less than one day
85 2 20 hr. min

Due to _____

9. Birthplace Marion County, Ohio
(City, town or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death.) _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation retired farmer

11. Name LeWitt C. Foos

12. Birthplace no record
(City, town, or county) (State or foreign country)

13. Maiden name no record
(City, town, or county) (State or foreign country)

14. Birthplace no record
(City, town, or county) (State or foreign country)

Physician _____
Underline the cause to which death should be charged statistically.

(a) Informant's own signature Holly C. Foos
(b) Address Caldwell, Idaho

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Mt. Hope Cemetery
Marshall Calloway & Hennessey Funeral Home

(a) Signature of funeral director Thomas H. ...
(b) Address Walla Walla, Washington

(e) Means of injury _____
23. Signature Irvin R. Vaughn (M. D. or other)
Address Walla Walla Date signed 5/24/40

(c) This required local registration _____
(d) Registrar's signature _____

THIS IS TO CERTIFY, That the foregoing is a true copy (photographic) of a record on file in the Public Health Statistics Section, Washington State Department of Health, Seattle, Washington.

Irvin R. Vaughn
State Registrar

Official Seal

By Dorothy Wood Clerk Typist

Seattle, Wash. May 17, 1948

31874