

STATE OF WASHINGTON DEPARTMENT OF HEALTH



WASHINGTON STATE DEPARTMENT OF HEALTH PUBLIC HEALTH STATISTICS SECTION CERTIFICATE OF DEATH

REG. DIST. NO **M-1**

REGISTRAR'S NO.

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Pierce		2. USUAL RESIDENCE (Where deceased lived. If institutional residence, before admission) a. STATE (WA) b. COUNTY Tacoma	
b. CITY (If outside corporate limits, write RURAL OR TOWN Tacoma)		c. LENGTH OF STAY (In this place) 1 1/2 years	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 1100 D TACOMA AVE		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TACOMA	
3. NAME OF a. (First) Lettie b. (Middle) Davolt c. (Last) Ward		4. DATE OF DEATH (Month) (Day) (Year) 3-28-56	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 2-4-1909
9. AGE (In years (last birthday)) 47		10. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME George Davolt		14. MOTHER'S MAIDEN NAME (Unknown) Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT ROY HUGHES		18. CAUSE OF DEATH (State only the cause per line for (a), (b), and (c))	
19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compulsive neurotic disorder			
ANTECEDENT CAUSES (b) Alcoholism, heart disease			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. ACCIDENT (Specify) SUICIDE HOMICIDE		20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20b. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		20c. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20d. HOW DID INJURY OCCUR?		20e. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21. I hereby certify that I attended the deceased from let , 19 55 to 1956 , that I last saw the deceased alive on 19 , and that death occurred at m. , from the causes and on the date stated above.			
22. SIGNATURE Dr. R. G. Bond M.D.		22a. ADDRESS 1206 10th Tacoma	
22b. DATE SIGNED 3-28-56		22c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
23. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		23a. DATE 3-29-1956	
23b. NAME OF CEMETERY OR CREMATORY Mountain View		23c. LOCATION (City, town, or county) (State) Centralia, Lewis	
DATE REC'D BY LOCAL REG. MAR 28 1956		REGISTRAR'S SIGNATURE C. R. Langham, M.A.	
FUNERAL DIRECTOR C. M. Stuckler		ADDRESS 209 N. Pearl St. Centralia, Wash.	

Punch Micro Query Number



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County		
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address:
P.O. Box or Street Address City State Zip

Telephone Number: () Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, a court order is required to change the last name • No proof is required to change the first or middle name* • To correct parent's information, one documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required
--	--

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of chapter 70.58 RCW

CERTIFIED

Anthony L. Chen
Anthony L-Chen, MD, MPH
DIRECTOR

DO NOT DESTROY

SEP 25 2017

27150



0 1 3 5 8 7 4 6



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.