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Skagit County Auditor

When Recorded Please Return To:
PIRKLE LAW FIRM, INC. P.S.
P.O. Box 1788
Mount Vernon, WA 98273

DOCUMENT TITLE(S):

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

N/A

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

JESSE WILLIAM INGERSOLL
(Deceased)

ASSESSOR'S PARCEL NUMBERS:

P42197 (350701-4-002-0001);
P42198 (350701-4-002-0100);
P42524 (350712-0-003-0104)

ABBREVIATED LEGAL DESCRIPTION:

Portion of the Southwest Quarter of the
Southeast Quarter of Section 1,
Township 35 North, Range 7 East, W.M.,
and portion of Section 12, Township 35
North, Range 7 East, W.M.

Situated in Skagit County, Washington.

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS
CERTIFICATE OF DEATH

438

LOCAL FILE NUMBER

146-8

STATE FILE NUMBER

1 NAME (FIRST, MIDDLE, LAST) **JESSE WILLIAM INGERSOLL** 2 SEX **MALE** 3 DEATH DATE (MO, DAY, YR) **AUG. 21, 1987**

4 RACE (WHITE, BLACK, AM, IND, ETC (SPECIFY)) **WHITE** 5 AGE, LAST BIRTH DAY (YR) **78** 6 UNDER 1 YEAR MOS 7 UNDER 1 DAY HOURS MINS 8 BIRTH DATE (MO, DAY, YR) 9 COUNTY OF DEATH **SKAGIT**

10 CITY, TOWN OR LOCATION OF DEATH **SEDOO WOOLLEY** 11 PLACE OF DEATH OR BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME
0 HOME 2 IN TRANSPORT 3 EMERG HM. OUT PIN 4 HOSP 5 NUN HOME 7 OTHER PLACE **UNITED GENERAL HOSPITAL** 12 RECEIVED EMERGENCY CARE AMBULANCE FIREFA? PARAMED? **NO YES/NO**

13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY) **WASHINGTON** 14 CITIZEN OF WHAT COUNTRY **U.S.A.** 15 MARRIED NEVER MARRIED WIDOWED DIVORCED **MARRIED** 16 SPOUSE (IF WIFE GIVE MAIDEN NAME) **ELSIE E. WOOD** 17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES, NO) **NO**

18 SOCIAL SECURITY NO. 19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) **FARMER** 20 KIND OF BUSINESS OR INDUSTRY **FARMING**

21 RESIDENCE NUMBER AND STREET **3975 CHALLENGER RD.** 22 CITY/TOWN OR LOCATION **CONCRETE** 23 INSIDE CITY LIMITS? (YES, NO) **NO** 24 COUNTY **SKAGIT** 25 STATE **WASHINGTON**

26 FATHER NAME FIRST, MIDDLE, LAST **ELMER E. INGERSOLL** 27 MOTHER MAIDEN NAME FIRST, MIDDLE, LAST **MYRA**

28 INFORMANT NAME **ELSIE INGERSOLL** 29 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP **3975 CHALLENGER ROAD, CONCRETE, WA. 98237**

30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) **CREMATION** 31 DATE (MO, DAY, YR) **AUG 22, 1987** 32 CEMETERY, CREMATORY NAME **MOUNT VERNON CREMATORY** 33 LOCATION CITY, TOWN, STATE **MOUNT VERNON, WA.**

34 FUNERAL DIRECTOR SIGNATURE AND TITLE **X Richard V. Lemley** 35 NAME OF FACILITY **LEMLEY CHAPEL** 36 ADDRESS OF FACILITY **1008 3RD SEDRO WOOLLEY, WA.**

37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE **X John L. Espinosa M.D.**

38 DATE SIGNED (MO, DAY, YR) **8/21/87** 39 HOUR OF DEATH (24 HRS) **1120 HRS.** 40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

41 ON THE BASIS OF EXAMINATION AND OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE **X**

42 DATE SIGNED (MO, DAY, YR) 43 HOUR OF DEATH (24 HRS) 44 PRONOUNCED DEAD (MO, DAY, YR) 45 HOUR PRONOUNCED DEAD (24 HRS)

46 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) **JOHN L. ESPINOSA, M.D. 1918 HOSPITAL DR. SEDRO WOOLLEY, WA. 98284**

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))

(A) **Wide spread cancer to lungs, liver & skeleton** INTERVAL BETWEEN ONSET AND DEATH **2 wks.**

(B) DUE TO OR AS A CONSEQUENCE OF INTERVAL BETWEEN ONSET AND DEATH

(C) DUE TO OR AS A CONSEQUENCE OF INTERVAL BETWEEN ONSET AND DEATH

48 OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE **NO** 49 AUTOPS? (YES, NO) **NO** 50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES, NO) **NO**

51 ACC. SUICIDE, HON. UNDER OR PENDING INVEST (SPECIFY) 52 INJURY DATE (MO, DAY, YR) 53 HOUR OF INJURY (24 HRS) 54 DESCRIBE HOW INJURY OCCURRED

55 INJURY AT WORK? (YES, NO) 56 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC (SPECIFY) 57 LOCATION STREET OR RFD NO, CITY, TOWN, STATE

58 REGISTRAR SIGNATURE **Sharon D. Buson, Deputy** 59 DATE RECEIVED (MO, DAY, YR) **Aug.**

Julius K. Neils, M.D.
Health Officer

Signed **Sharon D. Buson**
Skagit County Deputy Registrar

Date **AUG 21 1987**

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

UNOFFICIAL DOCUMENT



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