

## RETURN OF A DEATH.

County Clark  
 Town La Center  
 Village \_\_\_\_\_  
 City \_\_\_\_\_

STATE  
 OF  
 WASHINGTON.

No. OF RECORD.

No. OF BURIAL PERMIT.

3

## MAKE RETURN AS COMPLETE AS POSSIBLE.

1. Name, in full David C. Lotton
2. Color: White.  
~~Black (Negro or mixed).~~  
~~Indian.~~  
~~Chinese.~~  
~~Japanese.~~
3. Sex: Male.  
~~Female.~~
4. Conjugal Condition:  
~~Single.~~  
~~Married.~~  
~~Widowed.~~  
~~Divorced.~~

NOTE.—For questions 2, 3 and 4, strike out words not applicable.

5. Date of Death. Year 1903 Month 5 Day 1
6. Of Birth. Year 1833 Month 1 Day 24
7. Age. Years 7 Months 3 Days 6

8. Occupation Black Smith & Soldier  
 (Return occupation of all persons 10 years of age or over.)

9. Place of Birth New York State

10. Father's Name Lotton

11. Birthplace of Father R. I.

STATE OR COUNTRY.

12. Mother's Maiden Name unknown she was a

13. Birthplace of Mother Scotland

14. Disease or Cause of Death:

Chief Cause Bright Disease of Kidneys  
 Contributing Cause & consumption

DURATION.

37 yrs  
confined to bed  
8 months

15. Place of Death: No. La Center Wash Street, \_\_\_\_\_ Ward, \_\_\_\_\_

If death occurred in an Institution, give the name of same \_\_\_\_\_

Length of time deceased was an inmate \_\_\_\_\_ and previous residence \_\_\_\_\_

16. Late Residence La Center Washington

Length of residence (in city or town) 3 1/2 yearsUndertaker Home friends & neighborsPlace of Interment Inf. Zion Cemetery at La CenterSignature John C. Smith M.D.  
 (Of physician or informant)Date of Certificate May 16 1903MARGIN RESERVED FOR BINDING.  
 FILL OUT WITH INK ONLY, AND WRITE PLAINLY.