23780. S. F. No. 825—1921. Approved by Dept. of Efficiency.

PLACE OF DEATH

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 17

Registered No. 19

County of Snohomish

City or Town of Everett

Registration Dist. No. 2 No. Providence Hospital (If death occurred in a hospital or institution give its NAME instead of street and number)

2. FULL NAME Andrew Sandbo

(a) Residence No. 2810 Broadway St.; 531 (Usual place of abode)

(b) If non-resident, give city or town, and state

(c) How long in Registration Dist. ... yrs. ... mos. ... ds.; how long in U. S. if of foreign birth ... yrs. ... mos. ... ds.

Personal and Statistical Particulars

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (Write the word): Widowed

5. (a) If married, widowed or divorced: Husband of or Wife of

6. Date of birth: Jan (Month) 1 (Day) 1868 (Year)

7. Age: 57 yrs. 0 mos. 15 ds. If less than one day ... hrs. or ... min.

8. Occupation of deceased: (a) Trade, profession, or particular kind of work: Mill worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. Birthplace (City or town) (State or country): Norway

PARENTS

10. Name of Father: C. Amberson
11. Birthplace of Father (City or town) (State or Country): Norway
12. Maiden name of Mother: L. Olson
13. Birthplace of Mother (City or town) (State or Country): Norway

14. Informant: Providence Hospital
Address: Everett Wash

15. Filed 1-19, 1925 J. Spencer Purdy, Registrar.

Medical Certificate of Death

16. Date of death: Jan (Month) 16 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1924, to Jan 16, 1925 that I last saw him alive on Jan 16, 1925 and that death occurred on the date stated above, at 11:30 p.m. (State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL). The CAUSE OF DEATH was as follows: 51

(Primary) Diabetic gangrene

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at the place of death?
(a) Did an operation precede death? ... Date of ...
(b) Was there an autopsy?
(c) What test confirmed diagnosis?

(Signed) [signature] M. D.

Jan 17, 1925 Address Everett Wn

19. Place of Burial, Cremation or Removal: Evergreen Cemetery Date of Burial: Jan 19, 1925

20. Undertaker: John F. Jerread Address: Everett

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions (Insert numbers of unanswered questions) FEB 5 1925 (Signature of Undertaker)

Thwle 3990

Exact statement of OCCUPATION is very important, so that it may be properly classified.