WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO.
REGISTRAR'S NO. 356 819

STATE FILE NO. 12684

1. PLACE OF DEATH
a. COUNTY: King
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural Twp 26
c. LENGTH OF STAY (In this place): 4mos12das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Crown Hill Hospital 9010 13th AVe, NW, Seattle 7

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: King
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bothell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or print) a. (First): Charles b. (Middle): Vinson c. (Last): Beardslee

4. DATE OF DEATH (Month) (Day) (Year): July 18 1951

5. SEX: male
6. COLOR OR RACE: white
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: 23 Oct 1864
9. AGE (In years last birthday): 86 — If Under 1 Yr. Months: 8 Days: 25 — If Under 24 Hrs. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York State
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown 442

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs Will J. Beardslee

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Cachexia
Due to (c) Hypertensive Cardiovascular Renal Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-27, 1950, *to* 7-18, 1951, *that I last saw the deceased alive on* 6-15, 1951, *and that death occurred at* 9:30A PDST *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: 218 Thomson Bldg
23c. DATE SIGNED: 7-18-51

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24b. DATE: July 21/51
24c. NAME OF CEMETERY OR CREMATORY: Bothell Cemetery
24d. LOCATION (City, town, or county) (State): Bothell Wash

DATE REC'D BY LOCAL REG.: JUL 20 1951
REGISTRAR'S SIGNATURE: S. P. Lehman
25. FUNERAL DIRECTOR: Bothell Funeral Home
ADDRESS: Bothell, Wash
J. R. Clark Lic No. 178