DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 2915
Registrar's No. 3006

1. PLACE OF DEATH:
(a) County King
(b) City or town Seattle (If outside city or town limits, write RURAL)
(c) Name of hospital or ~~institution~~: U.S.Marine Hospital,14th So.& Judkins (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 17 days In this community (Years, months or days) most of life (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County King
(c) City or town Seattle (If outside city or town limits, write RURAL)
(d) Street No. 1105 Fairview Ave. No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) FULL NAME EDWARD NEWMAN GLASSCOCK
3. (c) Social Security Number Unknown
3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? ____ Name of organization in which such service was rendered: ____ Rank ____ Period of service ____

4. Sex male
5. Color or race white
6(a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ____
6(c) Age of husband or wife if alive ____ years
7. Birth date of deceased Sept. (Month) 24, (Day) 1879 (Year)
8. AGE: Years 59 | Months 10 | Days 17 | If less than one day ____ hr. ____ min.
9. Birthplace San Juan County (City, town or county) Washington (State or foreign country)
10. Usual occupation Mate
11. Industry or business Motorship MARY B
Father 12. Name Newman A. Glasscock
Father 13. Birthplace Iowa (City, town, or county) (State or foreign country)
Mother 14. Maiden name Hattie Graham
Mother 15. Birthplace Penn. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Hospital Records
(b) Address U.S.Marine Hospital, Seattle, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug.15,1939 (Month) (Day) (Year)
(c) Place: burial or cremation Wash. Mem. CPark
18. (a) Signature of funeral director Home Und. Co.
(b) Address Seattle
19. (a) AUG 16 1939 (Date received local registrar) (b) F. M. CARROLL, M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August day 11 year 1939 hour 5 minute 05 P.M.
21. I hereby certify that I attended the deceased from July 25, 1939 to August 11, 1939 that I last saw him alive on August 11, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchogenic carcinoma,right, with metastases to liver, mediastinal and retro-~~xxx~~ to peritoneal lymph nodes	About six months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Geo. Bolen (M. D. ~~xxxxx~~)
Address U.S.Marine Hospital Date signed 8-12-39

Registrar (Add... 457 Stimson Bldg. Seattle, Wn.