

DECEASED

AL RESIDENCE  
RE DECEASED  
D. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
DANCE BEFORE  
ISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED — NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1 FREDERICK		HENRY	PERRY	Male	3 5-19-1978		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4 White	5a 56	5b MOS. DAYS	5c HOURS MIN	6 11-10-1921		7a King	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a Redmond		7c Yes		7d 14005 NE 74th Street			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8 Brit. Col., Canada		USA		10 Married		11 Eleanor Carr	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12 537 16 6846		13a Cook		13b Deweys Restaurant			
RESIDENCE — STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a Wash.		14b King	14c Redmond		14d Yes	14e 14005 NE 74th Street	
FATHER — NAME		FIRST	MIDDLE	LAST	MOTHER — MAIDEN NAME		FIRST MIDDLE LAST
15 Unknown					16 Lillian		White
INFORMANT — NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a Eleanor Perry-Wife				17b 14005 NE 74th Street Redmond, WA 98052			
PART I. DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18 IMMEDIATE CAUSE		(a) Probable arteriosclerotic cardiovascular disease					
DUE TO, OR AS A CONSEQUENCE OF		(b)					
DUE TO, OR AS A CONSEQUENCE OF		(c)					
PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
		19a No		19b			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	20a	20b	20c	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a	20b	20c	20d				
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
20a	20f	20g					
CERTIFICATION — PHYSICIAN	MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	DID/DID NOT VIEW THE BODY AFTER DEATH	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
21a	21b	21c	21d	21e			
CERTIFICATION — CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED	HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		HOUR		
22a	Apprx. 5:00P		22b 5 20		1978 1:16A		
CERTIFIER — NAME (TYPE OR PRINT)	SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a JOHN W. EISELE, M.D.	23b		23c		5-22-1978		
MAILING ADDRESS — CERTIFIER	STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23d KCME #78-641	325 9th Avenue		Seattle, WA		98104		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN STATE		
24a Burial	24b Sunset Hills Mem; Park		24c		Bellevue Wa		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME — NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d 5/23/78	24e Green Funeral Home		1215 74th Pl. SE Bellevue, Wa 98007				
FUNERAL DIRECTOR — SIGNATURE	REGISTRAR — SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a	25b		26b MAY 22 1978				

5/14/1978