WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

REG. DIST. NO. M-1 1480 — STATE FILE NO. 17765

REGISTRAR'S NO. 1480

1. PLACE OF DEATH
a. COUNTY: Pierce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tacoma
c. LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tacoma General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Pierce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tacoma
d. STREET ADDRESS (If rural, give location): 319 South 84th Street

3. NAME OF DECEASED (Type or print): a. (First) ELRY b. (Middle) C. c. (Last) STILSON

4. DATE OF DEATH (Month) (Day) (Year): October 14, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 5, 1898

9. AGE (In years last birthday): 52
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shingle Sawyer

10b. KIND OF BUSINESS OR INDUSTRY: Leybold-Smith

11. BIRTHPLACE (State or foreign country): Little Rock, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Stilson

14. MOTHER'S MAIDEN NAME: Nora Whipple

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 522-01-1050

17. INFORMANT: Mrs. Ophie L. Stilson, Wife

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MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bowel

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Primary Pesenteric Gland
Due to (c)

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: 6/23/50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bowel & Liver

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* 6/8, 19 50, *to* 10/14, 19 50, *that I last saw the deceased alive on* 10/13, 19 50, *and that death occurred at* 9:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Karl S. Steele (Degree or title) MD

23b. ADDRESS: Medical Arts Bldg

23c. DATE SIGNED: 10/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE: Oct. 18, 1950

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Memorial Park

24d. LOCATION (City, town, or county) (State): Tacoma, Washington

DATE RECD BY LOCAL REG. OCT 19 1950

REGISTRAR'S SIGNATURE: C. R. Faughen, M.D.

25. FUNERAL DIRECTOR: Mountain View Funeral Home

ADDRESS: 4100 SteilacoomBlvd. S.W. – Tacoma 9,

NOV 8 - 1950