

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

8335

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED

AL RESIDENCE
DECEASED
IF DEATH
OCCURRED IN
HOSPITAL, GIVE
HOSPITAL NAME
AND LOCATION

PARENTS

CAUSE

DEC 5 1978

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. SARAH ELIZABETH GREEN					2. FEMALE	3. OCTOBER 30, 1978	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. white		5a. 85		5b. MOS. DAYS	5c. HOURS MIN.	6. Nov 24, 1892	
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. BOTHELL		7b. yes		7c. 18328 - 94th Avenue N.E.			
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. WISCONSIN		9. U.S.A.		10. widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 536-58-6619		13a. Homemaker		13b. at home			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14a. WASHINGTON		14b. KING	14c. BOTHELL		14d. 18328 - 94th Avenue N.E.		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. HENRY A. SIMONDS					16. ELIZABETH GOODNOUGH		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Ronald Green				17b. 4413 Julies Terrace West, Tacoma, Wash 98466			
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		18a. Pneumonia				18b. 1 week	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), (c), STATING THE UNDERLYING CAUSE LAST		18c. DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS:		18d. Parkinson's Disease - severe -				AUTOPSY (YES OR NO) 19a. NO	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a. INJURY AT WORK (SPECIFY YES OR NO)		20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20c. LOCATION	20d. (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. I ATTENDED THE DECEASED FROM 9-17-78 TO 10-30-78		21b. 10 30 78		21c. 10 18 78		21d. Did Not	
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		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a. CERTIFIER—NAME (TYPE OR PRINT)		22b. WALLACE W. LINDAHL, M.D.		22c. 11-3-78		22d. 11-3-78	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a. 1221 Madison Avenue		23b. Seattle, Washington		23c. 98104		23d. ZIP	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		STATE	
24a. CREMATION		24b. Acacia Crematory		24c. Seattle, Washington		24d. STATE	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		DATE RECEIVED BY LOCAL REGISTRAR	
25a. Nov. 6, 1978		25b. BOTHELL FUNERAL HOME		25c. 18224-103rd Ave N.E., Bothell, Wash 98011		25d. 11-6-78	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
26a. [Signature]		26b. [Signature]		26c. 11-6-78		26d. [Signature]	