WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. / REGISTRAR'S NO. 19

STATE FILE NO. 1365

1. PLACE OF DEATH
a. COUNTY Snohomish
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Everett
c. LENGTH OF STAY (in this place) 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Washington
b. COUNTY Snohomish
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Everett
d. STREET ADDRESS (If rural, give location) 2918½ Hewitt

3. NAME OF DECEASED (Type or print) a. (First) Edwin b. (Middle) J. c. (Last) Schlotman

4. DATE OF DEATH (Month) 1 (Day) 12 (Year) 50

5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 5-18-1881
9. AGE (In years last birthday) 68 | 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) No Record
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Schlotman
14. MOTHER'S MAIDEN NAME No Record

900.6

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. Unknown
17. INFORMANT George L. Schlotman

MEDICAL CERTIFICATION

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Cerebral concussion following a fall. a.c. prior. X-ray showed no fracture.

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

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 None
20. AUTOPSY? Yes ☐ No XX

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ fell down stairs
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at hotel
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Everett [illegible]

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-3-50 8:30 AM
21e. INJURY OCCURRED While at work ☐ Not while at work
21f. HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from 1-3-, 1950, to Jan. 12, 1950, that I last saw the deceased alive on Jan. 12, 1950, and that death occurred at 2 PM., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Everett, Washington
23c. DATE SIGNED 1-16-50

24a. BURIAL, CREMATION, REMOVAL Cremation
24b. DATE 1-17-50
24c. NAME OF CEMETERY OR CREMATORY View Crest Abbey
24d. LOCATION (City, town, or county) (State) Everett Washington.

DATE REC'D BY LOCAL 1-18-1950
REGISTRAR'S SIGNATURE B. Fuhr
25. FUNERAL DIRECTOR ADDRESS Jerread's, Inc., Everett, Wash.

JAN 23 1950