ATH

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r over. If the occupation
to illness. If the deceased
loyed may be returned a
housework in answer to
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For a person who had n

"operative," etc. Find o
tory," "mill," etc. State t
s civil engineer, mechanic
ise statement of the occu
nter, painter, machinist, e
ls goods should be called

which causes death, not
or injury causing death.
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Date of on
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1 week a
3 days a

ortance not related
6 weeks

should be given in the ord
second, or third position.

YSICIAN

PLACE OF DEATH

County of King

City or Town of Seattle

WASHINGTON STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 2217

Registered No. 2267

Registration Dist. No. ..... No. King County Hospital #2 St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... days

How long in U. S., if of foreign birth? 45 yrs. ..... mos. ..... days

PLACE OF RESIDENCE: State Washington County King

(If not same as place of death)

City or Town Seattle No. 2nd Ave. & James Street

FULL NAME Otta Mattson 325 Corona Hotel

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
le	White	Single

married, widowed, or divorced
SBAND of
WIFE of

TE OF BIRTH (month, day, and year) 9-27-83

Years	Months	Days	If LESS than 1 day,
55	8	18	hrs. or mins.

Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Jamitor

Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

ent ever a member of the Army, Navy or Marine Corps of the States? Name of organization in which such was rendered:

Period of service

THPLACE (city or town and state or country): Finland

NAME: Matt Sundberg

BIRTHPLACE (city or town and state or country): Finland

MAIDEN NAME: Nina --

BIRTHPLACE (city or town and state or country): Finland

RMANT (name and address): rds-King County Hosp. Seattle, Wn

AL, CREMATION, OR REMOVAL:

Date ....., 193

TAKER (name and address):

JUN 19 1934, 193 F. M. CARROLL, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1939 to June 15, 1939

I last saw him alive on June 15, 1939; death is said to have occurred on the date stated above, at 4:55P m. 131

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic Glomerular Nephritis	

Other contributory causes of importance:

Where was disease contracted if not at the place of death?

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193

Where did injury occur? .....
(Specify city or town, county and state)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M.D.

(Address) King County Hospital