

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

REG. DIST. NO.
REGISTRAR'S NO.

529

STATE FILE NO. 2214

1. PLACE OF DEATH
a. COUNTY

King

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Seattle

c. LENGTH OF STAY (In this place)
3 day

d. FULL NAME OF HOSPITAL OR INSTITUTION
King County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE
b. COUNTY

Washington

King

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Seattle

d. STREET (If rural, give location)
ADDRESS

2411 1st Ave. No.

3. NAME OF DECEASED
a. (First)
(Type or print)

Robert

b. (Middle)

c. (Last)

Wilcox

4. DATE OF DEATH (Month) (Day) (Year)

Feb. 3, 1951

5. SEX

Male

6. COLOR OR RACE

White

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

Married

8. DATE OF BIRTH

Oct. 5, 1893

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

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

10b. KIND OF BUSINESS OR INDUSTRY
Office

11. BIRTHPLACE (State or foreign country)

Waterville, Washington

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Harmon Wilcox

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

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Elsie Brown

17. INFORMANT

Mrs. Monica Wilcox

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

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

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Due to (b)

Due to (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Crushed chest, right

O. K. JOHN P. BRILL JR.
KING COUNTY CORONER

INTERVAL BETWEEN ONSET AND DEATH

3 d

Fractured 6th rib, left leg

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT (Specify)

Suicide

21b. PLACE OF INJURY (e.g., in or about factory, street, office, etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

Seattle (rural) King WA

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

Jan 31 '51 8 m.

21e. INJURY OCCURRED While at work Not while at work

21f. HOW DID INJURY OCCUR?

Auto - Red. Acc - County

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 5:30 PM., from the causes and on the date stated above.

23a. SIGNATURE

Robert Wilcox

23b. ADDRESS 109 10 City Bling King Co. Wash

23c. DATE SIGNED

5 Feb 51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

Feb. 7, 1951

24c. NAME OF CEMETERY OR CREMATORY

Waterville Cemetery

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

Waterville, Washington

DATE REC'D BY LOCAL REG.

FEB 6 1951

REGISTRAR'S SIGNATURE

Earl A. Palenquist

25. FUNERAL DIRECTOR ADDRESS

Clark-Rafferty Co. Seattle, Wash.

MAR 9 1951 C.P. Clark 603 Q.L. 476