E OF DEATH

so that the relative healthfulness
d 10 years or over. If the occupat
pation prior to illness. If the decea
ainfully employed may be returned
ework, write housework in answer
tic service for wages, however, des
—hotel, etc. For a person who had

", "worker," "operative," etc. Find

tore," "factory," "mill," etc. State
ill, etc.
ve titles, as civil engineer, mechanic
more precise statement of the occu
as carpenter, painter, machinist
who sells goods should be called

plication which causes death, not t
e disease or injury causing death.
and any important complication of t
ause, name other important disea

Example II

of Death and related
In order of onset were

Date of onset
1 week ago
1 week ago
3 days ago
6 weeks ago

of importance not related

uses should be given in the cau
first, second, or third position.
en.

PHYSICIAN

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. 1323

Registered No. 1344

Registration Dist. No. ..... No. U. S. Marine Hospital 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 three yrs. 11 mos. ..... days.

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

PLACE OF RESIDENCE: State Washington County King

(If not same as place of death)

City or Town Seattle No. 5007 Elmgrove Street

FULL NAME CHAUNCEY ROSE WHITE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	white	divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of ----

DATE OF BIRTH (month, day, and year) October 14, 1874

AGE Years	Months	Days	If LESS than 1 day,
63	5	23	..... hrs. or ..... mins.

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

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

10. Date deceased last worked at this occupation (month and year) August 1934

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town and State or country): Indiana

13. NAME: Frank A. White

14. BIRTHPLACE (city or town and State or country): Kentucky

15. MAIDEN NAME: Savilla Grey

16. BIRTHPLACE (city or town and State or country) Kentucky

INFORMANT (name and address): U.S.Marine Hospital, Seattle, Wash.

BURIAL, CREMATION, OR REMOVAL:

Place Evergreen Date 4/9, 1934

UNDERTAKER (name and address): Russell Funeral Home

FILED 4/10, 1934 By order F. M. CARROLL M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1934, to April 7, 1938

I last saw him alive on April 7, 1938; death is said to have occurred on the date stated above, at 2:30 a.m.

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

	Date of Onset
Suppurative osteochondritis, ribs,	3 years
left side, with purulent pleuritis,	1 week
left	
Other contributory causes of importance:	
Broncho pneumonia	1 week

Name of operation Excision, costal cartilage, Date of 3-28-38

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No

If so, specify .....

(Signed) Geo. Bal M.D.

(Address) U.S.Marine Hospital, Seattle, Wash.