

REG. DIST. NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

93

1. PLACE OF DEATH a. COUNTY <u>Snohomish</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>Snohomish</u>			
b. CITY, TOWN, OR LOCATION <u>Everett</u>			c. LENGTH OF STAY IN <u>51</u> years		c. CITY, TOWN, OR LOCATION <u>Everett</u>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Abrahamson Nursing Home</u>				d. STREET ADDRESS <u>Route 1</u>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SARA</u> Middle <u>ONORA</u> Last <u>TASTAD</u>				4. DATE OF DEATH Month <u>2</u> Day <u>10</u> Year <u>1963</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-23-1885</u>	9. AGE (In years last birthday) <u>77</u>	If Under 1 Year Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Minneapolis, Minnesota</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>(No record) Taklo</u>				14. MOTHER'S MAIDEN NAME <u>No record</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>4827 67th N.E.</u> Address <u>Mrs. Lucille Moore, Marysville, Wash.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Failure</u> Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u>			
20c. TIME OF INJURY Hour <u> </u> a. m. <u> </u> p. m. <u> </u> Month, Day, Year <u>FEB 19 1963</u>							
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>9-21-62</u> to <u>2-10-1963</u> and last saw her <u>alive</u> on <u>2-4-63</u> Death occurred at <u>5:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Robert S. Darrough</u> (Degree or title)				22b. ADDRESS <u>3202 Colby, Everett, Wash.</u>		22c. DATE SIGNED <u>2-11-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2-12-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cypress Lawn Memorial Park, Everett, Washington</u>		23d. LOCATION (City, town, or county) (State) <u> </u>	
24. FUNERAL DIRECTOR <u>Purdy & Walters, Inc., Everett</u>				25. DATE REC'D BY LOCAL REG. <u>2/13/63</u>		26. REGISTRAR'S SIGNATURE <u>J. H. Darrough</u>	

MEDICAL CERTIFICATION