F DEATH

hat the relative healthfulness of
years or over. If the occupation
on prior to illness. If the deceased
illy employed, may be returned as
k, write housework in answer to
ervice for wages, however, desig-
tel, etc. For a person who had no

worker," "operative," etc. Find out
," "factory," "mill," etc. State the
etc.
titles, as civil engineer, mechanical
re precise statement of the occupa
carpenter, painter, machinist, etc
ho sells goods should be called

cation which causes death, not the
disease or injury causing death. A
any important complication of th
se, name other important disease

Example II

f Death and related order of onset were	Date of onset
	1 week ago
	1 week ago
	3 days ago
f importance not related	
	6 weeks ag

ses should be given in the order
first, second, or third position. T
n.

PHYSICIAN

1. PLACE OF DEATH

Washington State Board of Health

4186

County of King — Record No.

City or Town of Seattle — BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH — Registered No. 4272

Registration Dist. No. — No. 2702 Broadway North 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 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

1a. PLACE OF RESIDENCE: State Washington County King
(If not same as place of death)

CITY OR TOWN Seattle No. 2702 - Broadway North Street

2. FULL NAME SARAH EMMA NETERER 366

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. COLOR OR RACE: White — 5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jeremiah Neterer

DATE of BIRTH (month, day, and year): July 18, 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

8. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

9. BIRTHPLACE (city or town) (State or country): Harrisburg Pennsylvania

10. NAME: Joseph A. Becker

11. BIRTHPLACE (city or town) (State or country): Harrisburg Pennsylvania

12. MAIDEN NAME: Elizabeth Peck

13. BIRTHPLACE (city or town) (State or country): Harrisburg Pennsylvania

INFORMANT (Address): Judge Jeremiah Neterer 2702 Broadway North

BURIAL, CREMATION, OR REMOVAL: Place Cremation Date 11/14/36

UNDERTAKER (Address): Bonney-Watson Co., Seattle, Wash.,

FILED NOV 13, 1936 F. M. CARROLL, M. D. Registrar

No. 823—1935. 5409.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1933 to Nov 11, 1936

I last saw h[illegible] alive on Nov 11, 1936 death is said to have occurred on the date stated above, at 11 A. m.

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

	Date of onset
Arteriosclerosis Cerebral Hemorrhage	1934
Contributory causes of importance not related to principal cause:	

Name of operation — Date of

What test confirmed diagnosis? — 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 , 19

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) David A Nolan, M. D.

(Address) Med Dent Bldg