

DEATH

the relative healthfulness of 5 years or over. If the occupation prior to illness. If children not gainfully employed at of home housework, write engaged in domestic service—private family, cook—hotel,

worker," "operative," etc. Find "factory," "mill," etc. State titles, as civil engineer, mechanic a more precise statement of occupation, as carpenter, merchants. A person who sells

ation which causes death, not the disease or injury causing principal cause and any important to principal cause, name other

Importance not re-	Date of onset
	1 week ago
	1 week ago
	3 days ago
	6 weeks ago

ould be given in the order of on- or third position. The principal

SICIAN

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 8926.

1. PLACE OF DEATH

County of **KING** **Washington State Board of Health**
City or Town of **SEATTLE** **BUREAU OF VITAL STATISTICS**
CERTIFICATE OF DEATH

Record No. **1478**
Registered No. **1530**

Registration Dist. No. _____ No. **Virginia Mason 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME **SAMUEL J. MOORE**

(a) Residence: No. **6736** **37th Ave. S. W.** St., _____ Ward. **600**
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

5a. If married, widowed, or divorced **HUSBAND of Cora Moore**

6. DATE OF BIRTH (month, day, and year) **Mar. 16, 1890**

7. AGE Years **41** Months **1** Days **7** If LESS than 1 day, hrs, or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Flour Mill**

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

12. BIRTHPLACE (city or town) **Anoka** (State or country) **Minnesota**

13. NAME **Edward Moore**

14. BIRTHPLACE (city or town) **Minnesota** (State or country)

15. MAIDEN NAME **Jane Sherlock**

16. BIRTHPLACE (city or town) **Minnesota** (State or country)

17. INFORMANT **Mrs. Cora Moore** (Address) **6736 37th Ave. S. W.**

18. BURIAL, CREMATION, OR REMOVAL **Washelli Cem.** Place **Seattle, Wash.** Date **Apr. 26, 1931**

19. UNDERTAKER **Georgetown Undertaking Co.** (Address) **Seattle, Washington.**

20. FILED **Apr. 25, 1931** **E. T. HANLEY, M. D.** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Apr. 23, 1931**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at **11:45 P. M.**

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

General Peritonitis following a fall in which a handle of small truck was driven into rectum.
Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 **4/1, 1931**

Where did injury occur? **Seattle, Wn.** (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? **Yes**
If so, specify _____

(Signed) **P. C. West, Deputy Coroner** M. D.
(Address) _____