DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 1149
Registrar's No. 1178

1. PLACE OF DEATH:
(a) County King
(b) City or town Seattle (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: King County Hospital #1 (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community (Years, months or days)

2. USUAL RESIDENCE OF DECEASED: 93D
(a) State Washington (b) County King
(c) City or town Seattle (If outside city or town limits, write RURAL)
(d) Street No. 212½ Galer Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME May Hadley
3. (c) Social Security Number None

3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? Name of organization in which such service was rendered
Rank Period of service

4. Sex Female | 5. Color or race White | 6(a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife | 6(c) Age of husband or wife if alive years

7. Birth date of deceased July 14, 1882 (Month) (Day) (Year)

8. AGE: Years 61 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace (City, town or county) Michigan (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Father
12. Name Will Tomlin
13. Birthplace (City, town, or county) Unknown (State or foreign country)

Mother
14. Maiden name Effie Brown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Records-King Co.
(b) Address Hospital, Seattle, Wash.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 9, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Wahelli Crematory

18. (a) Signature of funeral director Clark-Rafferty Company
(b) Address Seattle, Washington

19. (a) MAR 7 1944 (Date received local registrar) (b) Ragnar T. Westman, M. D., Dr. P. H. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month March day 5
year 1944 hour 6: minute 30 PM

21. I hereby certify that I attended the deceased from February 12, 1944, to March 5, 1944, that I last saw her alive on March 5, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Septic Pneumococcal Cardio-Vascular Disease	
Due to	
93D	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy	

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address King Co. Hospital Date signed 3-5-44