WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

4931 95C

REG. DIST. NO. 4931 REGISTRAR'S NO. 4931 STATE FILE NO. 19002

1. PLACE OF DEATH
a. COUNTY: King
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Seattle
c. LENGTH OF STAY (in this place): 47 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Capitol Hill Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wash.
b. COUNTY: King 95C
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Seattle
d. STREET ADDRESS (If rural, give location): 5019- 46th So.

3. NAME OF DECEASED (Type or print): a. (First) Bergette b. (Middle) c. (Last) Larsen

4. DATE OF DEATH (Month) (Day) (Year): Oct. 31, 1949

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	White	Single	Apr. 10, 1873	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? Norway
13. FATHER'S NAME: Lars Larsen
14. MOTHER'S MAIDEN NAME: Ane Marie Thompson 4343
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Lars Thorsheim 5019- 46th So.

18. CAUSE OF DEATH Enter only one cause per line for (a) (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation Yrs. of late
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Oedema limbs
Due to (c) Oedema Chest etc for 4 days.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 19 49, to Oct 31, 1949, *that I last saw the deceased alive on* 10- 29, 1949, *and that death occurred at* 10:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): SW Cook MD
23b. ADDRESS: 3612 Fremont
23c. DATE SIGNED: 11-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 3, 1949
24c. NAME OF CEMETERY OR CREMATORY: Pacific Lutheran
24d. LOCATION (City, town, or county) (State): Seattle, Wash.

DATE REC'D BY LOCAL REG. NOV 3 1949
REGISTRAR'S SIGNATURE: Emil E. Palmquist
25. FUNERAL DIRECTOR: Johnson & Sons
ADDRESS: Seattle 10/1/49