WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

REG. DIST. NO. 421 REGISTRAR'S NO. 199 STATE FILE NO. 8531

1. PLACE OF DEATH
a. COUNTY: KING
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Seattle Rural
c. LENGTH OF STAY (In this place): 21mo 1 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KING COUNTY T.B. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE: WASHINGTON b. COUNTY: KING
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Seattle
d. STREET (If rural, give location) ADDRESS: 13610 Eight S.W.

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

4. DATE OF DEATH: (Month) (Day) (Year) May 13, 1950

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.
male	white	married	10-28-1898	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Willmar, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Phiefer
14. MOTHER'S MAIDEN NAME: Bertha Kingman 002

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 537-18-4199
17. INFORMANT: Hospital Records, Firland Sanatorium

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Tuberculosis of lungs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b)	Tuberculosis of larynx	
(c)	Tuberculosis of intentines	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Tuberculosis otitis	

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* Aug. 9, 1918, *to* May 13, 1950, *that I last saw the deceased alive on* May 13, 1950, *and that death occurred at* 10:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Lewis R. Roll (Degree or title) M.D.
23b. ADDRESS: Firland Sanatorium, Seattle, Wn.
23c. DATE SIGNED: 5-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 5/16/1950
24c. NAME OF CEMETERY OR CREMATORY: Oak Park
24d. LOCATION (City, town, or county) (State): Willmar Minn.

DATE REC'D BY LOCAL: MAY 15 1950
REGISTRAR'S SIGNATURE: Emil E. Palmquist
25. FUNERAL DIRECTOR: J. M. Evans ADDRESS: 8740 - Greenwood Seattle 3 Wn. MAY 18 1950