

8849

LOCAL FILE NUMBER

VITAL RECORDS  
CERTIFICATE OF DEATH

TRICT

RES

SPITAL

CURRENCE

IDENCE

CT

UPATION

75

12

23

149

C LOC

ERIES

IF DEATH OCCURRED IN INSTITUTION SEE  
HANDBOOK REGARDING COMPLETION OF  
RESIDENCE ITEM 5.CONDITIONS IF ANY WHICH GAVE RISE TO  
IMMEDIATE CAUSE STATING UNDERLYING  
CAUSE LAST.FOR STATE  
REGISTRAR  
USE ONLY

1. NAME FIRST, MIDDLE, LAST <b>ELEANOR MAE PERRY</b>				2. SEX <b>FEMALE</b>		3. DEATH DATE (MO DAY YR) <b>10/26/1984</b>		146-84 27598 STATE FILE NUMBER									
4. RACE (WHITE, BLACK, AM IND ETC. (SPECIFY)) <b>white</b>		5. AGE - LAST BIRTH DAY (YRS) <b>60</b>		6. UNDER 1 YEAR MOS. DAYS		7. UNDER 1 DAY HOURS MINS.		8. BIRTHDATE (MO DAY YR) <b>6/5/1924</b>		9. COUNTY OF DEATH <b>King</b>							
10. CITY, TOWN OR LOCATION OF DEATH <b>Seattle</b>				11. PLACE OF DEATH: <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> INTRANSPORT <input type="checkbox"/> EMERG RM/OUT PTN <input checked="" type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE <b>Saint Cabrini Hospital</b>				12. RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED? <b>no YES/NO</b>									
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) <b>Washington</b>		14. CITIZEN OF WHAT COUNTRY <b>USA</b>		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>widowed</b>		16. SPOUSE (IF WIFE GIVE MAIDEN NAME)		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) <b>no</b>									
18. SOCIAL SECURITY NO. <b>536 12 3568</b>				19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) <b>Head Waitress</b>				20. KIND OF BUSINESS OR INDUSTRY <b>Black Angus Restraurant</b>									
21. RESIDENCE - NUMBER AND STREET <b>14005 N.E. 74th,</b>				22. CITY/TOWN, OR LOCATION <b>Redmond</b>		23. INSIDE CITY LIMITS? (YES/NO) <b>yes</b>		24. COUNTY <b>King</b>		25. STATE <b>Washington</b>							
26. FATHER - NAME FIRST, MIDDLE, LAST <b>Howard Carr</b>						27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST <b>Wanda Elimor Pearson</b>											
28. INFORMANT - NAME <b>John H. Perry (son)</b>				29. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>11106 318th Pl. NE, Carnation, Washington 98014</b>													
30. BURIAL, CREMATION REMOVAL, OTHER (SPECIFY) <b>Burial</b>		31. DATE (MO DAY YR) <b>11/1/1984</b>		32. CEMETERY/CREMATORY - NAME <b>Sunset Hills Memorial Park</b>				33. LOCATION - CITY/TOWN, STATE <b>Bellevue, Washington</b>									
34. FUNERAL DIRECTOR SIGNATURE <b>X</b> <i>Ronald J. Larson</i>		35. NAME OF FACILITY <b>GREEN FUNERAL HOME, 1215 145th Pl. SE, Bellevue, WA 98007</b>															
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X</b> <i>Glenn A. Warner MD</i>						41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X</b>											
38. DATE SIGNED (MO DAY YR) <b>10/30/84</b>				39. HOUR OF DEATH (24 HRS) <b>2230</b>		42. DATE SIGNED (MO DAY YR)		43. HOUR OF DEATH (24 HRS)									
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						44. PRONOUNCED DEAD (MO DAY YR)		45. HOUR PRONOUNCED DEAD (24 HRS)									
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) <b>Glenn Warner MD, 901 Boren (901), Seattle, Washington 98104</b>																	
47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)) (A) <b>Carcinomatosis</b> DUE TO, OR AS A CONSEQUENCE OF: (B) <b>Infiltrating Ductal Carcinoma, L. Breast Stage II</b> DUE TO, OR AS A CONSEQUENCE OF: (C)												INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH	
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.						49. AUTOPSY? (YES/NO) <b>No</b>		50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) <b>No</b>									
51. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (SPECIFY)		52. INJURY DATE (MO DAY YR)		53. HOUR OF INJURY (24 HRS)		54. DESCRIBE HOW INJURY OCCURRED.											
55. INJURY AT WORK? (YES/NO)		56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)				57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE											
58. REGISTRAR SIGNATURE <b>X</b> <i>Thomas M. Swartz</i>		59. DATE RECEIVED (MO DAY YR) <b>NOV 2 1984</b>															
60. ITEM		DOCUMENTARY EVIDENCE:		REVIEWED BY:		DATE:		ITEM		DOCUMENTARY EVIDENCE:		REVIEWED BY:		DATE:			