

OF DEATH

that the relative healthfulness or unhealthfulness of the condition prior to illness. If the deceased was not usually employed may be returned to work, write housework in answer to service for wages, however, dead at hotel, etc. For a person who had no

"worker," "operative," etc. Find one, "factory," "mill," etc. State the titles, as civil engineer, mechanical engineer, carpenter, painter, machinist, etc. who sells goods should be called

application which causes death, not the disease or injury causing death. And any important complication of the cause, name other important diseases

Example 11
Cause of Death and related
in order of onset were

Path of onset	1 week ago
	1 week ago
	3 days ago
	6 weeks ago
	1 month ago
	3 months ago
	6 months ago
	1 year ago
	2 years ago
	3 years ago
	4 years ago
	5 years ago
	6 years ago
	7 years ago
	8 years ago
	9 years ago
	10 years ago

causes should be given in the order of either first, second, or third position. These given:

BY PHYSICIAN

PLACE OF DEATH

County of King

City or Town of Seattle

Registration Dist. No.

(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

How long in U. S., if of foreign birth

PLACE OF RESIDENCE: State

(If not same as place of death)

City or Town

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. SINGLE, MARRIED, WIDOWED
Male White Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE Years Months Days If LESS than 1 day,

hrs. or mins.

& Trade, profession, or particular kind of work done as spinning, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town and State or country):

11. NAME:

12. BIRTHPLACE (city or town and State or country):

13. MAIDEN NAME:

14. BIRTHPLACE (city or town and State or country):

INFORMANT (name and address):

15. Name and address:

BURIAL, CREMATION, OR REMOVAL:

Place Cremation Date 2/18/1938

UNDERTAKER (name and address):

Home Mort. Co., Seattle, Wash.

F. M. CARROLL, M. D.

Registrar

FILED FEB 18 1938 1938

WASHINGTON STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

Record No.

500

603

Ward

Street

MOA

days.

mos.

days.

mos.

days.

mos.

days.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

22. I HEREBY CERTIFY That I attended deceased from

1931 to 1932, to

I last saw him alive on

to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance

were as follows:

Date of Onset:

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Other contributory causes of importance:

None

Name of operation:

What test confirmed diagnosis:

Was there an autopsy?

23. If death was due to external causes (Violence), fill in also the following:

Accident, suicide, or homicide

Date of Injury 2/18/1938

Where did Injury occur Seattle, Wash.

(Specify city or town, county and State)

Specify whether Injury occurred in Industry, In home, or In public place:

Home

Manner of Injury Disconnected gas

Nature of Injury Under & asphyxiated self.

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

King County Autopsy Surgeon

See Lee Sloan M.D.