

1589

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

1 14413

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

1. DISTRICT

1. NAME—FIRST, MIDDLE, LAST

ELSIE M. MARSON

2. SEX

FEMALE

3. DEATH DATE (Mo., Day, Yr.)

MAY 18, 1991

146

STATE FILE NUMBER

4. AGE LAST BIRTH-
Day (Yrs)

81

5. UNDER 1 YEAR
MOS. DAYS6. UNDER 1 DAY
HOURS MINS

7. BIRTHDATE (Mo., Day, Yr.)

NOV 9, 1909

8. BIRTH STATE (if not in
USA give country)

WA

9. CITIZEN OF WHAT COUNTRY?

USA

10. COUNTY OF DEATH

KING

11. CITY, TOWN OR LOCATION OF DEATH

SEATTLE

12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME1. ☒ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN. 4. ☐ HOSP. 5. ☐ NUR. HOME 6. ☐ OTHER PLACE

1704 N.E. 123RD

13. SMOKING IN LAST
15 YEARS? (Yes/No)

NO

14. MARITAL STATUS — Married,
Never Married, Widowed,
Divorced, Separated

NEVER MARRIED

15. SURVIVING SPOUSE (If wife, give maiden name)

16. WAS DECEDENT
EVER IN U.S. ARMED
FORCES? (Yes/No)

NO

17. SOCIAL SECURITY NO.

535 14 9695

18. HIGH SCHOOL
GRADUATE? (Yes/No)

YES

19. USUAL OCCUPATION (Give kind of work
done during most of working life. DO NOT
include "Retired")

OFFICE EMPLOYEE

20. KIND OF BUSINESS OR INDUSTRY

STATE OF WASHINGTON

21. Was Decedent of Hispanic Origin or descent? (Ancestry)
(Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican,
etc.)1. ☐ Yes 2. ☒ No22. RACE (White, Black, Asian or Pacific
Islander, Am. Ind., Hispanic, etc
(Specify))

WHITE

23. RESIDENCE - NUMBER AND STREET

1704 N.E. 123RD

24. CITY/TOWN OR LOCATION

SEATTLE

25. INSIDE CITY
LIMITS?

YES

26. COUNTY

KING

27. STATE

WA

28. ZIP CODE

98125

29. FATHER'S NAME—FIRST, MIDDLE, LAST

JOHN C. MARSON

30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME

PETREA MIKKELSON

31. INFORMANT—NAME

CAROL BAKER

32. MAILING ADDRESS

P.O. BOX 55355

CITY OR TOWN

SEATTLE

STATE

WA

ZIP

98155

33. BURIAL, CREMATION,
REMOVAL, OTHER (Specify)

BURIAL

34. DATE (Mo., Day, Yr.)

5-22-91

35. CEMETERY/CREMATORY—NAME

WASHELLI CEMETERY

36. LOCATION—CITY/TOWN, STATE

SEATTLE, WA 98133

37. FUNERAL DIRECTOR
SIGNATURE

X William A. Metcalf

38. NAME OF FACILITY

EVERGREEN-WASHELLI FUNERAL HOME, SEATTLE, WA 98133

39. ADDRESS OF FACILITY

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE
CAUSE(S) STATED

SIGNATURE AND TITLE

X Marvin A. Fredrickson MD

42. DATE SIGNED (Mo., Day, Yr.)

May 20, 1991

43. HOUR OF DEATH (24 Hrs.)

2045

46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)

DR. MARVIN FREDRICKSON, 310 15TH AVE. E. SEATTLE, WA 98112

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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

X

44. DATE SIGNED (Mo., Day, Yr.)

45. HOUR OF DEATH (24 Hrs.)

47. PRONOUNCED DEAD (Mo., Day, Yr.)

48. HOUR PRONOUNCED DEAD
(24 Hrs.)

CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or
condition resulting in death).
Sequentially list conditions, if any,
leading to immediate cause. Enter
UNDERLYING CAUSE (Disease or injury
which initiated events resulting in
death) LAST

(A) Metastatic Breast Carcinoma

DUE TO, OR AS A CONSEQUENCE OF:

INTERVAL BETWEEN ONSET
AND DEATH

5 years

(B)

INTERVAL BETWEEN ONSET
AND DEATH

(C)

INTERVAL BETWEEN ONSET
AND DEATH

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

None

52. AUTOPSY? (Yes, No)

NO

53. WAS CASE REFERRED TO
MEDICAL EXAMINER OR COR-
ONER? (Yes/No)

YES

54. ACC., SUICIDE, HO., UNDET., OR
PENDING INVEST. (Specify)

No

55. INJURY DATE (Mo., Day, Yr.)

56. HOUR OF INJURY (24 Hrs.)

57. DESCRIBE HOW INJURY OCCURRED

NJA 1487-91

58. INJURY AT WORK? (Yes/No)

No

59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE
BLDG., ETC. (Specify)

60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. REGISTRAR
SIGNATURE

X

62. DATE RECEIVED (Mo., Day, Yr.)

MAY 22 1991