

E, OR PRINT IN  
PERMANENT INK

M-1

## WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

LOCAL FILE NUMBER

1900

## CERTIFICATE OF DEATH

STATE FILE NUMBER

26578

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. FMAA C CUREY					2. Female	3. Nov. 16, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White		5a. 75	5b. MOS. DAYS	5c. HOURS MIN.	6. Sept. 30, 1893	7a. Pierce
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Tacoma		7c. Yes		7d. Wood Nursing Home - 436 Broadway		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Texas		9. U.S.		10. Married		11. Charles M Curry Sr. 4279
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 531-30-1000 B		13a. Homemaker		13b. Domestic		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Washington		14b. Pierce	14c. Tacoma		14d. Yes	14e. 1102 Division Ave.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST MIDDLE LAST
15. Lafayette					16. Elizabeth	Lott
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Charles M Curry, Jr. - Son				17b. Park Hotel, Tacoma, Wn. 802 A Street 4331		
PART I DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		<i>Probable Cardiac Arrhythmia</i>				
(a) DUE TO, OR AS A CONSEQUENCE OF:						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) DUE TO, OR AS A CONSEQUENCE OF:				
		(c) DUE TO, OR AS A CONSEQUENCE OF:				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
						19a. No
						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
						19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.		20c. M.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20e.		20f.		20g.		
DEC - 6 1968						
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH.
21a. ATTENDED FROM 5-8-68		TO 11-16-68	21c. 10-7-68	21d. did not		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21b. 4:30						
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
22a.						
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. J. G. KATTERHAGEN, M.D.		23b.		23c.		23d. 11/18/68
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP
23e. Adenmore Medical Center		501 19th		Tacoma, Wn.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE
24a. Cremation		24b. Brookside Crematory		24c. Tacoma, Wn.		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. Nov. 19, 1968		25a. BUCKLEY-KING MORTUARY, 102 Tacoma Ave. South, Tacoma				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25b. Loren P. Town		26a. Helen R. Phillips		26b. NOV 18 1968		

DECEASED

UAL RESIDENCE  
HERE DECEASED  
ED. IF DEATH  
CURRED IN  
STITUTION, GIVE  
SIDENCE BEFORE  
MISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL