WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

REG. DIST. NO. 6299 — STATE FILE NO. 22860

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1. PLACE OF DEATH
a. COUNTY: King
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Seattle
c. LENGTH OF STAY (In this place): 23 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6253 13th Ave. So.

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) OR TOWN: Seattle 4200
d. STREET (If rural, give location) ADDRESS: 6253 13th Ave. So.

3. NAME OF DECEASED (Type or print): a. (First) Winfield b. (Middle) D. c. (Last) Lamkin

4. DATE OF DEATH: (Month) Dec. (Day) 19, (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 26, 1897
9. AGE (In years last birthday): 59
If Under 1 Yr. Months / Days
If Under 24 Hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Crane Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Lamkin
14. MOTHER'S MAIDEN NAME: Eliza McRoden 4200

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Unknown): Yes
16. SOCIAL SECURITY NO.: If yes, give war or dates of service: 6-5-18--1-4-19 531 07 9824
17. INFORMANT: Agnes E. Lamkin

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Arteriosclerotic Heart Dis
Due to (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
JAN 11 1957
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 Dec 17, 1956, to Dec. 19, 1956, that I last saw the deceased alive on Dec 17, 1956, and that death occurred at 10:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Wm. Barnes M.D.
23b. ADDRESS: 1835 S.W. 15th Seattle
23c. DATE SIGNED: Dec 20 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 21, 1956
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Seattle Washington

DATE REC'D BY LOCAL REG.: DEC 20 1956
REGISTRAR'S SIGNATURE: S. P. Lehman
25. FUNERAL DIRECTOR ADDRESS: Green Lake Funeral Home, Seattle, Wn.
W. S. Smith #548