

REG. DIST NO.

1767

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY King		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Washington b. COUNTY King	
b. CITY, TOWN, OR LOCATION Seattle		c. CITY, TOWN, OR LOCATION Seattle 4501	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) DOA Swedish Hospital		d. STREET ADDRESS 2217 Everett Ave. E.	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Gerald Middle C. Last Field		4. DATE OF DEATH Month April Day 2 Year 1965	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/8/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) New York City, N.Y.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George C. Field		14. MOTHER'S MAIDEN NAME Ida DeBrisay	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 531-22-8536	
17. INFORMANT Anne B. Field - Seattle, Washington		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)..... Heart failure Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b)..... Coronary Heart Disease DUE TO (c)..... PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH Unknown 2 1/2 months	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Seattle	
20g. COUNTY King		20h. STATE Washington	
21. I attended the deceased from Jan 18, 1965 to Mar 26, 1965 and last saw her alive on Mar 26, 1965 Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) [Signature]	
22a. ADDRESS 415-11-85 Seattle		22c. DATE SIGNED 4-5-65	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/6/65	
23c. NAME OF CEMETERY OR CREMATORY Washelli Cemetery		23d. LOCATION (City, town, or county) (State) Seattle, Washington	
24. FUNERAL DIRECTOR J. T. Maag Johnson & Hamilton		25. DATE REC'D BY LOCAL REG. APR 6 1965	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S NAME M.D.	