

REG. DIST. NO.

## 2138 CERTIFICATE OF DEATH

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY <b>King</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Washington</b> b. COUNTY <b>King</b>		
b. CITY, TOWN, OR LOCATION <b>Seattle</b>		c. LENGTH OF STAY IN 1b <b>25 years</b>	c. CITY, TOWN, OR LOCATION <b>Seattle</b>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>9054 Meridian Ave. N.</b>			d. STREET ADDRESS <b>9054 Meridian Avenue N.</b>		
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) <b>Frances L. O'Neal</b>			4. DATE OF DEATH Month <b>March</b> Day <b>18</b> Year <b>1966</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>3-12-1914</b>	9. AGE (In years last birthday) <b>52</b>	If Under 1 Year Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Registered Nurse</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William Kramnich</b>			14. MOTHER'S MAIDEN NAME <b>Ludwicka Majewski</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>Yes WW II</b>		16. SOCIAL SECURITY NO. <b>064-14-8441</b>	17. INFORMANT Address <b>Josephine Kramnich See 2d</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma Tons</b> Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma, Pancreas</b> 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 <b>6 mo</b>
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.) <b>APR 12 1966</b>			
20c. TIME OF INJURY Hour a. m. _____ p. m. _____		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 COUNTY STATE			
21. I attended the deceased from <b>Oct 1965</b> , <b>March 18, 1966</b> and last saw <sup>her</sup> him alive on <b>March 18, 1966</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Josephine Kramnich</b>		22b. ADDRESS <b>M.D. 423 Northgate Bldg</b>		22c. DATE SIGNED <b>March 19, 1966</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-21-66</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Seymour Funeral Home</b>	23d. LOCATION (City, town, or county) (State) <b>Oxford, New York</b>		
24. FUNERAL DIRECTOR ADDRESS <b>BLEITZ FUNERAL HOME Seattle</b>		25. DATE REC'D BY LOCAL REG. <b>MAR 21 1966</b>	26. REGISTRAR'S SIGNATURE <b>S. P. Rehman M.D.</b>		

MEDICAL CERTIFICATION