

REG. DIST NO.

3213 CERTIFICATE OF DEATH

REGISTRAR'S NO.

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| 1. PLACE OF DEATH a. COUNTY King | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Wash. b. COUNTY King | |
| b. CITY, TOWN, OR LOCATION Seattle | | c. CITY, TOWN, OR LOCATION Seattle | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Stubbings Nursing Home | | d. STREET ADDRESS 1732 - 16th Ave. | |
| 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 JOHANNA Middle BERREST Last BERREST | | 4. DATE OF DEATH Month June Day 19 Year 1965 | |
| 5. SEX Fe | 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 8-8-1888 |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | |
| 11. BIRTHPLACE (State or foreign country) Colorado | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Thomas Halkyard | | 14. MOTHER'S MAIDEN NAME Frances McGinniss | |
| 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. No | |
| 17. INFORMANT Leo A. Deters, 215 N. W. 56th St | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)..... Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (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) Pneumonia General Arteriosclerosis Stenosis | |
| 19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH 1 day | |
| 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.) O.K. LEO M. SOWERS KING COUNTY CORONER | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | JUL 13 1965 BY A. J. Why | |
| 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 | | COUNTY King STATE Wn | |
| 21. I attended the deceased from 1962 , to 1965 and last saw her alive on May '65 Death occurred at 8:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) A. J. Why | | 22b. ADDRESS Seattle | |
| 22c. DATE SIGNED 6-21-65 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 23b. DATE 6/22/65 | |
| 23c. NAME OF CEMETERY OR CREMATORY Acacia Crematory | | 23d. LOCATION (City, town, or county) (State) Seattle, King, Wn | |
| 24. FUNERAL DIRECTOR Acacia Memorial Chapel - Seattle | | 25. DATE REC'D BY LOCAL REG. JUN 21 1965 | |
| 26. REGISTRAR'S SIGNATURE | | | |