WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

STATE FILE NO. 18079

REG. DIST NO. 02 c

CERTIFICATE OF DEATH

REGISTRAR'S NO. 152

1. PLACE OF DEATH
a. COUNTY: Pierce
b. CITY, TOWN, OR LOCATION: Puyallup
c. LENGTH OF STAY IN (b): Several Months
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Lutheran Home, 506 13th Ave. SE
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington
b. COUNTY: Pierce
c. CITY, TOWN, OR LOCATION: Tacoma
d. STREET ADDRESS: 123 Berkeley (Fircrest)
e. IS RESIDENCE INSIDE CITY LIMITS? Yes [X] No [ ]
f. IS RESIDENCE ON A FARM? Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CATHERINE Middle: GRAY Last: HODGE

4. DATE OF DEATH: Month, Day, Year: August 7, 1964

5. SEX: F

6. COLOR OR RACE: W

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 4/1/1882

9. AGE (In years last birthday): 82
If Under 1 Year: Months / Days
If Under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: State Welfare Dept.

11. BIRTHPLACE (State or foreign country): Quebec, Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Gray

14. MOTHER'S MAIDEN NAME: Sarah Ann Pike

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 574 01 0052

17. INFORMANT Address: Sister: Mrs. Nellie Judd, residence

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple Myeloma
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a):

19. WAS AUTOPSY PERFORMED? Yes [ ] No [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY Ooccurred. (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: SEP - 9 1964

20d. INJURY OCCURRED While at work [ ] Not while at work [ ]

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 August, 63, to Present and last saw (her) him alive on August 5, 1964. Death occurred at 8:55 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Nelle M. Arthur M.D. M.D.

22b. ADDRESS: 110 Second Ave. SW Puyallup

22c. DATE SIGNED: 8-8-64

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 8/10/64

23c. NAME OF CEMETERY OR CREMATORY: Tacoma Cemetery

23d. LOCATION (City, town, or county) (State): Tacoma, Washington

24. FUNERAL DIRECTOR: BUCKLEY-KING MORTUARY

ADDRESS: Tacoma, Wn.

25. DATE REC'D BY LOCAL REG.: 8-10-64

26. REGISTRAR'S SIGNATURE: C. F. Scheyer MD

S. F. No. 7784—4-63—75M. 79138.