

WASHINGTON STATE DEPARTMENT OF HEALTH

STATE
FILE NO.

7274

CERTIFICATE OF DEATH

REG. DIST. NO.

REGISTRAR'S NO.

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 Auburn.		c. CITY, TOWN, OR LOCATION Kent.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Green Acre Rest Home.		d. STREET ADDRESS 20963 - 108th., S. 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 type="checkbox"/> No <input checked="" 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 Margaret Middle D. Last Smith.		4. DATE OF DEATH Month April Day 19 Year 1961.	
5. SEX Female	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 4/7/1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 90 yrs.
11. BIRTHPLACE (State or foreign country) Bridgeport, Kansas.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Leroy Lamkin.		14. MOTHER'S MAIDEN NAME Isabelle Conrad.	
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. None.	
17. INFORMANT Harold Z. Smith.		Address Kent, Wash.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardio-vascular insuff. DUE TO (c) iciency		INTERVAL BETWEEN ONSET AND DEATH 4 days 54 hrs.	
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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 MAY 10 1961 BY [Signature]	
20c. TIME OF INJURY Hour a. m. Month, Day, Year 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 Auburn, Washington.	
21. I attended the deceased from 7/19/56 , to 4/19/61 and last saw her alive on 4/19/61 Death occurred at 6:40 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) M. D.	
22b. ADDRESS Auburn, Washington.		22c. DATE SIGNED 4/20/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		23b. DATE 4/22/61	
23c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park.		23d. LOCATION (City, town, or county) (State) Kent, Washington.	
24. FUNERAL DIRECTOR Howard A. Edline		25. DATE REC'D BY LOCAL REG. 4/20/61	
ADDRESS Kent, Wash.		26. REGISTRAR'S SIGNATURE [Signature]	