

REG. DIST NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1819

1. PLACE OF DEATH a. COUNTY <u>Spokane</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>Spokane</u>			
b. CITY, TOWN, OR LOCATION <u>Spokane</u>				c. CITY, TOWN, OR LOCATION <u>Spokane</u>			
c. LENGTH OF STAY IN 1b <u>48 yrs.</u>				d. STREET ADDRESS <u>E. 2903-25th. Avenue</u>			
d. NAME OF HOSPITAL OR INSTITUTION <u>E. 2903-25th. Avenue</u> (If not in hospital, give street address)				e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>M.</u> Last <u>Grobel</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>14</u> Year <u>1962</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-15-1883</u>		9. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Train Master CMSt. P&P R.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cresco, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Peter Grobel</u>				14. MOTHER'S MAIDEN NAME <u>Mary Ann Iverson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>436-20-5026</u>		17. INFORMANT <u>Wife</u> Address <u>Spokane</u> <u>Bessie Grobel-E. 2903-25th. Avenue</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> 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 II(a) _____						INTERVAL BETWEEN ONSET AND DEATH <u>4200</u> <u>hrs</u>	
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 <u>Spokane, Wash.</u>			
21. I attended the deceased from <u>Dec 1946</u> to <u>Sept 14 1962</u> and last saw him alive on <u>Sept 14 1962</u> Death occurred at <u>6:20 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <u>William M. Myhr</u> (Degree or title)			
22b. ADDRESS <u>402 Riverside Spokane</u>				22c. DATE SIGNED <u>Sept 12 1962</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>9-18-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Smith & Co.</u>		23d. LOCATION (City, town, or county) (State) <u>Spokane, Wash.</u>	
24. FUNERAL DIRECTOR <u>W.R. Luby, Smith and Co., Spokane</u>				25. DATE REC'D BY LOCAL REG. <u>9-18-62</u>		26. REGISTRAR'S SIGNATURE <u>Hampton H. Trayner, M.D.</u>	

OCT 9 1962

exam - 9-18