# WASHINGTON STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Record No. 2299

File No. 10025

Registered No. 2299

PLACE OF DEATH

County of KING

City or Town of SEATTLE

Registration Dist. No.

(No. 1203 Summit Ave. St.; Ward)

6 v 0

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]

Full Name George W. Harris

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: February 22 (Month) - (Day), 1848 (Year)

7 AGE: 66 yrs. 8 mos. 14 ds. If LESS than 1 day, ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Accountant
(b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Massachusetts

PARENTS

10 NAME OF FATHER: Charles Harris

11 BIRTHPLACE OF FATHER (State or country): New Hampshire

12 MAIDEN NAME OF MOTHER: Sarah J. ------

13 BIRTHPLACE OF MOTHER (State or country): Vermont

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. G. W. Harris

(Address) 1203 Summit Ave.

15 Filed Nov. 9, 1914 J. S. McBride, M. D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH: November 6 (Month) (Day), 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191...., to ....., 191...., that I last saw h..... alive on ....., 191...., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage

10 hours. (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. M. Horton, M. D.

Nov. 7 1914 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lake View

DATE OF BURIAL: Nov. 9 1914

20 UNDERTAKER: Bonney-Watson Co.

ADDRESS

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REVISED STANDARD OF DEATH

[Approved by U. S. Census and American Public Health Association.]

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of many occupations a single word or term sufficient, e. g., Farmer or Locomotive Carcinoma, Sarcoma, etc., or ..... "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Broncropneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as Always qualify all diseases resulting from ... "PUERPERAL septi-