WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. D-5
REGISTRAR'S NO. 26
STATE FILE NO. 2777

1. PLACE OF DEATH
a. COUNTY: KING
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Seattle
c. LENGTH OF STAY (In this place): Rural 88 days in Co.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KING COUNTY T.B. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: WASHINGTON
b. COUNTY: PACIFIC
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Raymond
d. STREET ADDRESS (If rural, give location): 1603 Park Avenue 177

3. NAME OF DECEASED (Type or print): a. (First) LEE b. (Middle) c. (Last) FORSMAN
4. DATE OF DEATH (Month) (Day) (Year): Feb. 9, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-1-1872
9. AGE (In years last birthday): 81
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kronoly Finland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Matt Forsman
14. MOTHER'S MAIDEN NAME: Katherina Unasdatter 2-177

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.: None
17. INFORMANT: Hospital Records

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CYSTO-URETERO-PYELONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) ADENOCARCINOMA OF PROSTATE — 4 MONTHS
Due to (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: MYOCARDIAL INFARCTION, OLD — UNKNOWN
PULMONARY SILICO-TUBERCULOSIS — UNKNOWN

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. ACCIDENT (Specify) SUICIDE HOMICIDE:
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 13, 19 53, *to* Feb. 9, 19 54, *that I last saw the deceased alive on* Feb. 9, 19 54, *and that death occurred at* 4:05 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Raymond L Hogan (Degree or title) M.D.
23b. ADDRESS: 1704 E. 150th, Seattle, Wash.
23c. DATE SIGNED: 2-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/11/54
24c. NAME OF CEMETERY OR CREMATORY: Fern Hill, Menlo, Wash.
24d. LOCATION (City, town, or county) (State): Raymond, Wash.

DATE REC'D BY LOCAL REG.: FEB 11 1954
REGISTRAR'S SIGNATURE: S. P. Lehman
25. FUNERAL DIRECTOR ADDRESS: Family Funeral Chapel-Raymond, Wash.
Harold Perkins #201

FEB 10 1954

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