S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 8926

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 25 152

Registered No. 20

1. PLACE OF DEATH

County of King

City or Town of Riverton

No. Riverton St., Ward

Registration Dist. No. 2 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. — mos. 7 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds. 5 3 4

2. FULL NAME Hulda Catherine Randle

(a) Residence: No. 700 - Yale No. St., Ward (Usual place of abode) Seattle Wash. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Randle

6. DATE OF BIRTH (month, day, and year) March 6 1879

7. AGE 52 Years 0 Months 2 Days. If LESS than 1 day, ...hrs, or.....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn Minn

FATHER

13. NAME Hans Anderson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Caroline Nelson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs Alice Sampson (Address) 700 - Yale No. Seattle

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Tacoma Wash. Date March 9, 1931

19. UNDERTAKER C. C. Mellinger Co. (Address) Tacoma Wash

20. FILED 3-9, 1931 M. S. Loomis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 8 1931

22. I HEREBY CERTIFY, That I attended deceased from ...., 19... to ...., 19...

I last saw h... alive on ...., 19..., death is said to have occurred on the date stated above, at .... m. 31

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

Influenzae

Contributory causes of importance not related to principal cause: Pulmonary T.B.

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Coroner

If so, specify

(Signed) William J. Jones, M. D.

(Address) 807 [illegible] Bldg.