OF DEATH

that the relative healthfulness of
ged 10 years or over. If the occu
the occupation prior to illness. If
Children not gainfully employed
as that of home housework, write
person engaged in domestic service
eper—private family, cook—hotel

," "worker," "operative," etc. Fin

tore," "factory," "mill," etc. State
on mill, etc.
descriptive titles, as civil enginee
laborer" when a more precise state
ive the exact occupation, as carpe
wholesale merchants. A person wh

complication which causes death, n
name the disease or injury causin
e principal cause and any importa
elated to principal cause, name oth

**Example II**

OF DEATH and related
n order of onset were as

| Date of on |
|---|
| 1 week ag |
| 1 week ag |
| 3 days ag |
| 6 weeks a |

s of importance not re-
se:

causes should be given in the order
er first, second, or third position.
given.

BY PHYSICIAN

99

1. PLACE OF DEATH

# Washington State Board of Health

County of Yakima — Record No.

City or Town of Yakima

## BUREAU OF VITAL STATISTICS

Registered No. 94

### CERTIFICATE OF DEATH

Registration Dist. No. M-1 — No. 402 S.28th Ave. St., Ward

(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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

18. PLACE OF RESIDENCE: State Washington County Yakima
(If not same as place of death)

CITY OR TOWN Yakima No. 402 S. 28th Ave. Street

2. FULL NAME Ernest C. Greene (50)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: male — 4. COLOR OR RACE: white — 5. Single, Married, Widowed, or Divorced (write the word): divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of: Madie

DATE of BIRTH (month, day, and year): July 16, 1875

AGE: Years 61 — Months 7 — Days 15 — If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

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

10. Date deceased last worked at this occupation (month and year): Mar. 1, 1937

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Unknown

13. NAME: Charles Green

14. BIRTHPLACE (city or town) (State or country): N. Y.

15. MAIDEN NAME: Clementine Gaben

16. BIRTHPLACE (city or town) (State or country): Iowa

INFORMANT: Mrs. Daisy Leonard (sister)
(Address) Union Gap, Wn.

BURIAL, CREMATION, OR REMOVAL
Place Tahoma Cemetery Date Mar. 4, 1937

UNDERTAKER: Shaw and Sons
(Address) 201 N. 2nd St., Yakima, Wn.

FILED 3/3/, 1937 Leroy Moffett Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Mar. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from No medical attendance, 19
I last saw h alive on , 19, death is said to have occurred on the date stated above, at 7:30 a.m. 1937
The principal cause of death and related causes of importance in order of onset were as follows:

| | Date of onset |
|---|---|
| Myocarditis, acute | 3/1-37 |
| | |
| | |
| | |
| Contributory causes of importance not related to principal cause: | |
| | |
| | |

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?
If so, specify

(Signed) Leroy Moffett — Registrar, M. D.
(Address) Yakima, Wash.

No. 825—1935. 5409.