

REG. DIST NO.

860

WASHINGTON STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE

FILE NO.

2713

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY <u>King</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Wash.</u> b. COUNTY <u>King</u>	
b. CITY, TOWN, OR LOCATION <u>Seattle</u>		c. CITY, TOWN, OR LOCATION <u>Seattle</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>890 Elford Drive</u>		d. STREET ADDRESS <u>890 Elford Drive</u>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROSE</u> Middle <u>A.</u> Last <u>MURPHY</u>		4. DATE OF DEATH <u>February 15, 1961</u> Month <u>February</u> Day <u>15</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/22/62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>98</u>
11. BIRTHPLACE (State or foreign country) <u>St. Paul, Minn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Patrick Donohue</u>		14. MOTHER'S MAIDEN NAME <u>Rosan Fitzpatrick</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>None</u>	
17. INFORMANT <u>Mr. E. J. Murphy-2217 5th Ave.</u>		Address <u>332X</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>Cerebral vasc thrombosis</u> Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			
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 _____		19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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>Seattle</u>		COUNTY <u>King</u> STATE <u>Wash.</u>	
21. I attended the deceased from <u>Feb 1954</u> , to <u>Feb 1961</u> and last saw <u>her</u> alive on <u>13 Feb 61</u> Death occurred at <u>1:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George Hoffer</u> (Degree or title)		22b. ADDRESS <u>5114-25 NE</u>	
22c. DATE SIGNED <u>16 Feb 1961</u>		23. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/17/61</u>	
23c. LOCATION (City, town, or county) <u>Seattle</u>		(State)	
24. FUNERAL DIRECTOR <u>Hoffner's, Fisher-Kalfus</u>		25. DATE REC'D BY LOCAL REG. <u>FEB 16 1961</u>	
ADDRESS <u>Seattle</u>		26. REGISTRAR'S SIGNATURE <u>G.P. Lehman M.D.</u>	

MEDICAL CERTIFICATION

MAR 13 1961

George Hoffer 190

S. F. No. 7784-7-58-80M, 53696.

