PLACE OF DEATH

County of KING

City or Town of SEATTLE

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 2883

Registered No. 3053

Registration Dist. No. ..... No. 4073 Rainier Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Roy Smith Libby 100

(a) Residence No. 4073 Rainier St.;

(Usual place of abode)

(b) If non-resident, give city or town, and state .....

(c) How long in Registration Dist. ..... yrs. 3 mos. ..... ds.; how long in U. S. if of foreign birth ..... yrs. ..... mos. ..... ds.

Personal and Statistical Particulars

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
Male	Indian	Married

5. (a.) If married, widowed, or divorced: Husband of Maude or Wife of .....

6. Date of birth: Nov. (Month) 13 (Day) 1897 (Year)

7. Age: 21 yrs. 11 mos. 23 ds. If less than one day hrs. ..... or min. .....

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. Birthplace (City or town) (State or country): Monroe, Washington

PARENTS

10. Name of Father: William Libby
11. Birthplace of Father (City or town) (State or country): [illegible]
12. Maiden name of Mother: Lizzy Jimmionm
13. Birthplace of Mother (City or town) (State or country): Washington

14. Informant: Mrs. F. A. Dare
Address: 4073 Rainier Ave.

15. Filed NOV 7 1919 H. M. READ, M. D. Registrar.

Medical Certificate of Death

16. Date of death: Nov. (Month) 6 (Day), 1919 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1919, to Nov. 6, 1919, that I last saw him alive on Nov. 6, 1919, and that death occurred on the date stated above, at 9 a m. (State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL).
The CAUSE OF DEATH was as follows: (OVER)

Tubercular Peritonitis

19

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at the place of death? .....
(a) Did an operation precede death? ..... Date of .....
(b) Was there an autopsy? .....
(c) What test confirmed diagnosis? .....

(Signed) Junson Watanabe M. D.

....., 191.... Address 4029 Rainier

19. Place of Burial, Cremation or Removal: Monroe — Date of Burial: 11 - 7, 1919

20. Undertaker: E. E. Purdy & Sons — Address: Snohomish

I HEREBY CERTIFY, That I have made the effort but was unable to secure answers to questions .....
(Insert numbers of unanswered questions) (Signature of Undertaker)

Idiosyncrasies.

(1) Name first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation). The contributory (secondary or intercurrent) affection need not be stated unless important.
Example: **Measles** (disease causing death)—29 ds; **Bronchopneumonia** (secondary)—10 ds.

(2) For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely.
Examples: **Accidental drowning; revolver wound of head — homicide; poisoned by carbolic acid — probably suicide.**
The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

(3) When surgery was done, state cause for which surgical interference was undertaken.

(4) Additional information will be required on certificates giving any of the following diseases, without explanation, as the sole cause of death:
Abortion, or miscarriage (State whether accidental, criminal, induced, etc.).
Accident (State detail. Ex.: **Crushed by falling building; fell from a height; kicked by a horse; automobile accident,** etc. Give anatomical location of injury).
Burns (State explosion gasoline; conflagration; molten metal, etc.). (Indicate if burning building.)
Cancer (State organ or part first affected by cancer).
Childbirth (State causes of death, i. e., **Puerperal septicaemia, Puerperal perintonitis,** etc.).
Convulsions (Term undesirable; state cause).
Erysipelas (State cause).