WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 2337

File No. 10143

Registered No. 2338

PLACE OF DEATH

County of KING

City or Town of SEATTLE

Registration Dist. No.

(No. King County Hospital St., Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]

Full Name Alfred Otterson 3 6 2

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: (Month) (Day) 1 (Year)

7 AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): California

PARENTS

10 NAME OF FATHER: Elias Otterson

11 BIRTHPLACE OF FATHER (State or country): Canada

12 MAIDEN NAME OF MOTHER: Elizabeth Brigham

13 BIRTHPLACE OF MOTHER (State or country): California

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address) SEATTLE

15 Filed Nov. 20, 1913 J. E. Crichton M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 18th -, 1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16th, 1913 to Nov. 18th, 1913 that I last saw him alive on Nov. 18th -, 1913 and that death occurred, on the date stated above, at 12:15 p.m.

The CAUSE OF DEATH * was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Angio sclerosis

(Duration) yrs. mos. ds.

(Signed) Waldo Richardson, M. D.

Nov. 19th 1913 (Address) SEATTLE

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: County Cremation

DATE OF BURIAL: Nov. 21 1913

20 UNDERTAKER: Georgetown Undg. Co.

ADDRESS: SEATTLE

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

REVISED STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Tuberculosis of lungs, meningitis, peritonitis, etc.

Carcinoma, Sarcoma, etc., of ..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Debility," ("Con-

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative