WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. R7
REGISTRAR'S NO. 38
STATE FILE NO. 7277

1. PLACE OF DEATH
a. COUNTY: Snohomish
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe
c. LENGTH OF STAY (In this place): 31yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wash
b. COUNTY: Snohomish
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe Rural
d. STREET ADDRESS (If rural, give location): Rt # 1

3. NAME OF DECEASED (Type or print)
a. (First): Joseph
b. (Middle):
c. (Last): Harriman

4. DATE OF DEATH (Month) (Day) (Year): Apr. 29 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 2 1918
9. AGE (In years last birthday): 31
If Under 1 Yr. Months: Days:
If Under 24 Hrs. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monroe Wash
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: ~~[illegible]~~ Charles Harriman
14. MOTHER'S MAIDEN NAME: Edel Chimson
977

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes W. W. # 2 24 Apr 45
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Arthur Harriman

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Alcoholism Chronic — INTERVAL BETWEEN ONSET AND DEATH: 1950
Delerium Tremens
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Influenza Virus — 1950
Due to (c) Knife Wound to Rt neck — 1950

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Attempted Suicide

19a. DATE OF OPERATION: 4/26/50
None
19b. MAJOR FINDINGS OF OPERATION: Repair of knife wound to Rt throat
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Monroe, Wash R#1 Snohomish Wash
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4/26/50 11PM m.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR?: Attempted Suicide

22. *I hereby certify that I attended the deceased from* 4/26/50, 19__, *to* 4/29/50, 19__, *that I last saw the deceased alive on* 4/29/50, 19__, *and that death occurred at* 4A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Monroe, Wash
23c. DATE SIGNED: 5/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Bri
24b. DATE: May 2-50
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Monroe Wash.

DATE REC'D BY LOCAL REG.: 5-2-1950
REGISTRAR'S SIGNATURE: E. T. Buscom.
25. FUNERAL DIRECTOR: Purdy & Kerr
ADDRESS: Monroe Wash.
MAY 0 1950