WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. M-1
REGISTRAR'S NO. 5
STATE FILE NO. 1037

1. PLACE OF DEATH
a. COUNTY: Pacific
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Raymond
c. LENGTH OF STAY (in this place): 10 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Riverview Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Pacific
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Raymond
d. STREET (If rural, give location) ADDRESS: 1048 Cresent St

3. NAME OF DECEASED (Type or print) a. (First): Herman b. (Middle): c. (Last): Mattson
4. DATE OF DEATH (Month) (Day) (Year): 1 30 50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/9/1889
9. AGE (In years last birthday): 60
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): Longshoreman
10b. KIND OF BUSINESS OR INDUSTRY: Twin Harbors
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Matt Huhta
14. MOTHER'S MAIDEN NAME: No Record 5810

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Paul Mattson Raymond Washington

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) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 35 days known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Pyelonephritis & Influenza
Due to (c)

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

19a. DATE OF OPERATION: Jan 24, 1950
19b. MAJOR FINDINGS OF OPERATION: Severed inferior epigastric artery. Cirrhotic liver.
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.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21, 1950, *to* Jan. 30, 1950, *that I last saw the deceased alive on* Jan. 30, 1950, *and that death occurred at* 9:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Bradford M.D. (Degree or title)
23b. ADDRESS: New Riverview Clinic, Raymond
23c. DATE SIGNED: 1-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2/2/50
24c. NAME OF CEMETERY OR CREMATORY: Fern Hill Cemetery
24d. LOCATION (City, town, or county) (State): Menlo Washington

DATE REC'D BY LOCAL REG.: 2/1/50
REGISTRAR'S SIGNATURE: O. C. Newitt
25. FUNERAL DIRECTOR: H. M. Perkins
ADDRESS: Raymond Washington

FEB -8 1950