DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# WASHINGTON STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS
## CERTIFICATE OF DEATH

State File No. 252
Registrar's No. 4402

1. PLACE OF DEATH:
(a) County Skegit
(b) City or town Sedro-Woolley (rural) (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Northern State Hospital (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 6m-21das. (Specify whether) In this community (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Wash. (b) County King
(c) City or town Seattle (If outside city or town limits, write RURAL)
(d) Street No. 6th and Yesler (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3. (c) Social Security Number 537-61-8199M

3. (a) FULL NAME Adolph Green

3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? Name of organization in which such service was rendered Rank Period of service

| 4. Sex | 5. Color or race | 6(a) Single, widowed, married, divorced |
|---|---|---|
| M | W | widower |

6. (b) Name of husband or wife unknown
6(c) Age of husband or wife if alive --- years

7. Birth date of deceased June (Month) 21 (Day) 1873 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | 10 | 24 | ___ hr. ___ min. |

9. Birthplace (City, town or county) Iowa (State or foreign country)
10. Usual occupation Farming and Laborer
11. Industry or business Farming 000 - VV
12. Name Gottlieb Green
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Margreta Mast n
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Hospital Recordd
(b) Address Sedro-Woolley, Wash.
17. (a) cremated (Burial, cremation, or removal) (b) Date thereof 5-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation N.S. Hospital
18. (a) Signature of funeral director J. M. Doughty
(b) Address
19. (a) May 1945 (Date received local registrar) (b) J. M. Doughty (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month May day 15
year 1945 hour 9 minute 45 p.m.

21. I hereby certify that I attended the deceased from October 24, 1944, to May 15, 1945, that I last saw him alive on May 15, 1945, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| General Arteriosclerosis | |
| Due to 47 | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy no autopsy

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Francis Sleeper (M. D. or other)
Address Date signed