

DECEASED

L. RESIDENCE
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D. IF DEATH
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TUTION, GIVE
DENCE BEFORE
SSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED - NAME 1 Gladys E. Bird		SEX 2 Female		DATE OF DEATH (MONTH, DAY, YEAR) 3 July 31, 1977	
RACE - WHITE, NEGRO, AMERICAN INDIAN, ECT. (SPECIFY) 4 White		AGE - LAST BIRTHDAY (YEARS) 5a 65		DATE OF BIRTH (MONTH, DAY, YEAR) 6 3/10/1912	
CITY, TOWN, OR LOCATION OF DEATH 7b Seattle		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c Yes		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d Northwest Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8 Minnesota		CITIZEN OF WHAT COUNTRY 9 USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10 Married	
SOCIAL SECURITY NUMBER 12 385-18-0829A		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a (Ret) Drapery Sales		KIND OF BUSINESS OR INDUSTRY 13b Department Store (K-Mart)	
RESIDENCE - STATE 14a Wash		COUNTY 14b King		CITY, TOWN, OR LOCATION 14c Seattle	
FATHER - NAME 15 Volney E. Foster		MOTHER - MAIDEN NAME 16 Emma Wilkins		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11 Lawrence L. Bird	
INFORMANT - NAME 17a Lawrence L. Bird (Husband)		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b 520 N. 101st, Seattle, Washington 98133			
PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18 IMMEDIATE CAUSE (a) unknown - presumed heart attack DUE TO, OR AS A CONSEQUENCE OF					
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)) leg ulcers					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a		DATE OF INJURY (MONTH, DAY, YEAR) 20b		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20c	
INJURY AT WORK (SPECIFY YES OR NO) 20e		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ECT. (SPECIFY) 20f		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g	
CERTIFICATION - PHYSICIAN: 21a I ATTENDED THE DECEASED FROM 10 TO 76		21b 7-31-77		21c 7 20 77	
CERTIFICATION - CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a		HOUR OF DEATH 22b		THE DECEASED WAS PRONOUNCED DEAD 22c	
CERTIFIER - NAME (TYPE OR PRINT) 23a Dr. Frank L. Thorne		SIGNATURE 23b F. L. Thorne MD		DEGREE OR TITLE 23c MD	
MAILING ADDRESS - CITY OR TOWN 23d 1550 N. 115th, Seattle, Wa. 98133		STATE 23e		ZIP 23f	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Cremation		CEMETERY OR CREMATORY - NAME 24b Washelli Crematory		LOCATION 24c Seattle, Washington	
DATE (MONTH, DAY, YEAR) 24d August 1, 1977		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a Evergreen-Washelli Funeral Home, Seattle, Wa.			
FUNERAL DIRECTOR - SIGNATURE 25b [Signature]		REGISTRAR - SIGNATURE 26a [Signature]		DATE RECEIVED BY LOCAL REGISTRAR 26b 8-3-77	