

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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

State File No. **4492**  
Registrar's No. **4619**

1. PLACE OF DEATH:  
(a) County King  
(b) City or town Seattle  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution.  
King County Hospital #1  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(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. 4536 Orcas St.  
(If rural give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) FULL NAME Hattie Rebecca Burnett

3. (c) Social Security Number none

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 Female 5. Color or race White 6(a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Matthew Burnett 6(c) Age of husband or wife if alive 82 years  
7. Birth date of deceased 12-20-69  
(Month) (Day) (Year)  
8. AGE: Years 72 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Canada  
(City, town or county) (State or foreign country)  
10. Usual occupation hswf.  
11. Industry or business at home  
12. Name William Smith  
13. Birthplace Canada  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Records-King County  
(b) Address Hospital-Seattle, Wash.  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Home Und. Co.  
18. (a) Signature of funeral director Bob Ewell  
(b) Address Seattle, Wash.

19. (a) NOV 9 1942 (b) F. M. CARROLL, M. D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Nov. day 7  
year 1942 hour 82 minute 35 PM

21. I hereby certify that I attended the deceased from Oct. 20, 1942, to Nov. 7, 1942  
that I last saw her alive on Nov. 7, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular disease

Due to Diabetes Mellitus

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 Mr. Haskins (M. D. or other) \_\_\_\_\_  
Address King County Hosp. Date signed 9-42