WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. M-1 | STATE FILE NO. 1307 | REGISTRAR'S NO. 195

1. PLACE OF DEATH
a. COUNTY: Pierce
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Tacoma
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pierce County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Pierce
c. CITY (If outside corporate limits, write RURAL) OR TOWN: Tacoma
d. STREET (If rural, give location) ADDRESS: 1218 Tacoma Avenue

3. NAME OF DECEASED (Type or print): a. (First) GEORGE b. (Middle) H. c. (Last) SLATFORD

4. DATE OF DEATH (Month) (Day) (Year): January 29, 1957

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	White	unknown	9-11-88	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Motorman		New York, N.Y.	U.S.A.

13. FATHER'S NAME: George Slatford
14. MOTHER'S MAIDEN NAME: Annie Donverband

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	World War I	539-16-5835	Hospital Records

4500

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Septicemia	One Week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b)	Infected ulcers left leg	Three Months
Due to (c)	Generalized arteriosclerosis	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Idiopathic Epilepsy	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/10/57	Stasis ulcer of left leg	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)
		FEB 1 1957

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 19, 1956, *to* Jan. 29, 1957, *that I last saw the deceased alive on* Jan. 29, 1957, *and that death occurred at* 12:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clarin Allison, M.D.	Pierce County Hospital	1-29-57

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/1/57	New Tacoma Cemetery	Tacoma, Wn.

DATE REC'D BY LOCAL REG. JAN 31 1957 | REGISTRAR'S SIGNATURE: C.R. Fargher, M.A.

25. FUNERAL DIRECTOR ADDRESS: Lakewood Mortuary Tac., Wn
Paul Mellinger

S. F. No. 7784—10-55—30M. 43454.