

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

State File No. 5001
Registrar's No. 5158

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:
304 - 2nd South
(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 Minnesota (b) County Hennepin
(c) City or town Minneapolis
(If outside city or town limits, write RURAL)
(d) Street No. 2631 - 3rd Ave. South
(If rural give location)
(e) If foreign born, how long in U. S. A.? NV years

(a) FULL NAME Iver Buland
(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: _____

5. Color or race White 6(a) Single, widowed, married, divorced Married
(b) Name of husband or wife Helga 6(c) Age of husband or wife if alive _____ years
Date of birth of deceased Feb 12 1890
(Month) (Day) (Year)
AGE: Years 53 Months 8 Days 13 If less than one day hr. _____ min. _____

Birthplace Norway (City, town, or county) (State or foreign country)
Usual occupation Carpenter
Industry or business Sound Const. Company
Name Gunner Buland
Birthplace Norway (City, town, or county) (State or foreign country)
Maiden name Unknown
Birthplace Norway (City, town, or county) (State or foreign country)

Informant's own signature Cornelia records
Address 109 County - City, Bldg.
Removal (b) Date thereof 10-29-43
(Month) (Day) (Year)
Place: burial or cremation Minneapolis, Minn
NUHL UNDERKIRKING COMPANY
Signature of funeral director _____
Address 1410-9th Ave
SEATTLE

OCT 28 1943
(b) Ragnar T. Westman, M. D.
(Registrar's signature)
Received local registrar _____
1-3-19-40-15M. 19632.

MEDICAL CERTIFICATION
20. Date of death: Month October day 25
year 1943 hour ? minute 7 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Cardiac Failure
Due to Chronic alcoholism
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations S. N. BERENS, M. D., has been denitized by Ragnar T. Westman, M. D., Acting Commissioner of Health of Seattle to investigate and sign this certificate.
Of 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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature S. N. Berens _____
County Autopsy Surgeon Date signed 10-26-43

1943
Washington,
ke the record
s record.
fore alleged and
State of Washington.