PLACE OF DEATH
County of KING
City or Town of Seattle
Registration Dist. No.

Washington State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Record No. 1823

Registered No. 1924

No. 10040 - 6th Ave. S. W.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Henry B. Green 650

(a) Residence No. 10040 - 6th Ave. S. W. St.;
(Usual place of abode)

(b) If non-resident, give city or town, and state

(c) How long in Registration Dist. 32 yrs. mos. ds.; how long in U. S. if of foreign birth yrs. mos. ds.

Personal and Statistical Particulars

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (Write the word)
Male	White	Married

5. (a.) If married, widowed, or divorced:
Husband of Gladys Green
or
Wife of

6. Date of birth: March (Month) | 18 (Day) | 1879 (Year)

7. Age: 41 yrs. | 2 mos. | 10 ds. | If less than one day: hrs or min

8. Occupation of deceased:
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer
(c) Name of employer: Self

9. Birthplace (City or town): Iowa
(State or country)

PARENTS

10. Name of Father: Gotleib Green
11. Birthplace of Father (City or town) (State or country): Germany
12. Maiden name of Mother: Margarite Muss
13. Birthplace of Mother (City or town) (State or country): Germany

14. Informant: Gladys Green
Address: 10040 - 6th Ave. S. W.

15. Filed MAY 30 1920, 19 H. M. READ, M. D. Registrar.

Medical Certificate of Death

16. Date of death: May (Month) | 28 (Day) | 1920 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 191..., to ..., 191..., that I last saw h... alive on ..., 191..., and that death occurred on the date stated above, at ... m.
(State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL).
The CAUSE OF DEATH was as follows: (OVER)

Pulmonary Tuberculosis
Laryngeal Tuberculosis

8 24

(Duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

18. Where was disease contracted if not at the place of death?
(a) Did an operation precede death? Date of
(b) Was there an autopsy?
(c) What test confirmed diagnosis?

(Signed) Willis H. Corson, M. D.
, 191 Chief Deputy Coroner

19. Place of Burial, Cremation or Removal: Cremation | Date of Burial: May 30, 1920

20. Undertaker: Butterworth & Sons | Address: Seattle

I HEREBY CERTIFY, That I have made the effort but was unable to secure answers to questions.
(Insert numbers of unanswered questions) (Signature of Undertaker)

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

...and not vagaries or personal ...ith respect to time and causa... unless important.
...econdary)—10 ds.
ACCIDENTAL, SUICIDAL, or **poisoned by carbolic acid — epsis, tetanus) may be stated** was undertaken. he following diseases, without etc.).
a height; kicked by a horse;
Indicate if burning building.)
...ral peritonitis, etc.).