

PLACE OF DEATH

Washington State Board of Health

County of KING

Record No. _____

City or Town of SEATTLE

BUREAU OF VITAL STATISTICS

Registered No. 2707

Registration Dist. No. _____

No. Providence Hospital St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PLACE OF RESIDENCE: State Washington County King

CITY OR TOWN Seattle No. 915 - West Lee St. Street

FULL NAME INFANT DARLING

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. DATE of BIRTH (month, day, and year) July 20, 1935

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) Seattle (State or country) Washington

12. NAME Thomas Darling

13. BIRTHPLACE (city or town) Spokane (State or country) Washington

14. MAIDEN NAME Helan Foy

15. BIRTHPLACE (city or town) Seattle (State or country) Washington

16. INFORMANT Thomas Darling (Address) 915 W. Lee St.

17. FINAL CREMATION, OR REMOVAL Place Cremation Date 7/25/1935

18. UNDERTAKER Bonney-Watson Co. (Address) Seattle

19. FILED JUL 25 1935 F. M. CARROLL, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 21st, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21 1935 to July 21 1935

I last saw her alive on July 21 1935 death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

2 months premature

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) P. O. [Signature] M. D.

(Address) _____