

1. PLACE OF DEATH:
(a) County Snohomish
(b) City or town Everett
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Avon Hotel, 1922 Hewitt Avenue
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution xx
(Specify whether
In this community (Years, months or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County Snohomish
(c) City or town Everett
(If outside city or town limits, write RURAL)
(d) Street No. 1922 Hewitt
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) FULL NAME Elmer Leifer
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: _____

3. (c) Social Security Number 533-09-5692

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Leola 6(c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 23, 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Clarrington Ohio
(City, town or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Lumber Mill

12. Name Daniel Leifer

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Inhoff

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Irwin Leifer

(b) Address Cheney, Washington

17. (a) ~~removal-burial~~ Date thereof Sept. 28, '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of ~~removal~~ Pine City, Wn.

18. (a) Signature of funeral director John White Pickett Inc

(b) Address Everett, Wash.

19. (a) 9-28-48 (b) B. J. Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month September day 26th
year 1948 hour 3:00 pm minute 03:00 am

21. I hereby certify that I attended the deceased from Sept 26, 19 48, to Sept 28, 19 48, that I last saw him alive on _____, 19 _____, and that death occurred on the date and hour stated above.

Immediate cause of death Overdose of Nembutal

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

Physician

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence September 26, 1948

(c) Where did injury occur? Everett, Snohomish
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? no (Specify type of place) capitol
(e) Means of injury _____

23. Signature John Baker coroner

Address Everett, Wash. Date signed 9/28/48