

WASHINGTON STATE DEPARTMENT OF HEALTH  
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO

REGISTRAR'S NO. 193

378

STATE FILE NO.

6991

1. PLACE OF DEATH a. COUNTY KING		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE WASHINGTON b. COUNTY KING	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Seattle		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Seattle 005	
c. LENGTH OF STAY (in this place) Rural 9 mo. 8 days		d. STREET (If rural, give location) ADDRESS 313 1/2 First Avenue South	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION KING COUNTY T.B. HOSPITAL			
3. NAME OF a. (First) DECEASED (Type or print) Roy		b. (Middle) Daniel	
c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) April 5, 1951	
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-26-1898
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Austin, Texas
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME Columbus Moore	
14. MOTHER'S MAIDEN NAME Della F. Martin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 461-18-0067		17. INFORMANT Hospital Records, Firland Sanatorium	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic far advanced pulmonary tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. Due to (b) Mixed pneumococcal and tuberculous empyema, right Due to (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 year		2 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
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)			
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21e. INJURY OCCURRED While at <input type="checkbox"/> Not while <input type="checkbox"/> at work	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 28, 1950, to April 5, 1951, that I last saw the deceased alive on April 5, 1951, and that death occurred at 7:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edmund D. Roll		23b. ADDRESS M.D. Firland Sanatorium, Seattle, Wn.	
23c. DATE SIGNED 4-6-51			
24a. BURIAL (CREMA) TOM REMOVAL (Specify) X		24b. DATE 4-10-51	
24c. NAME OF CEMETERY OR CREMATORY Bluff		24d. LOCATION (City, town, or county) (State) Seattle King Wash	
DATE REC'D BY LOCAL REG. APR 10, 1951		REGISTRAR'S SIGNATURE S. P. Kellman	
25. FUNERAL DIRECTOR		ADDRESS Booth Ashmore H. T. Ashmore 342.	
		MAY 8 1951	