

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

5118

State File No. 4973
Registrar's No. 5118

1. 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:
Ballard General Hospital
(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) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County King
(c) City or town Seattle
(If outside city or town limits, write RURAL)
(d) Street No. 127 West 78th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) FULL NAME AMOS W. RUSIE
3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? No Name of organization in which such service was rendered: _____ Rank _____ Period of service _____

3. (c) Social Security Number none

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife May Rusie 6(c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 30 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Mooreville Indiana
(City, town or county) (State or foreign country)

10. Usual occupation Assistant Supt.

11. Industry or business Polo Grounds

Father { 12. Name William Rusie
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

Mother { 14. Maiden name Mary Donovan
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. C. E. Spaulding

(b) Address 127 - West 78th St.

17. (a) burial (b) Date thereof 12/8/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Acacia Memorial Park
Bonney-Watson Co.

18. (a) Signature of funeral director J. E. Drummey

(b) Address 1702 Broadway, Seattle

19. (a) DEC 9 1942 (b) F. M. CARROLL, M. D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month December day 6
year 1942 hour 2 minute 50 PM

21. I hereby certify that I attended the deceased from July, 1938, to Dec 6, 1942
that I last saw him alive on Dec 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. Myocarditis

Due to _____
Due to 93 D

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.

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 A. C. Brewer (M. D. or other) _____
Address 2208 Market Date signed 12-8-42