			MEN STREET	
Mrevioo do akaleadeda	DEPARTMENT OF COMMERCE WASHINGTON STATE DE DIVISION OF VI CERTIFICATI	TAL STATISTICS State File No. 10	$\begin{bmatrix} 932 \\ 995 \end{bmatrix}$	
PLACE OF BHATH	1. PLACE OF DEATH: (a) County King	2. USUAL RESIDENCE OF DECEASED:	jattle	
(2) Cylmly, Phatte (6) City of town. Sai	(b) City or town Seattle		King	
Who reactions are small told .	(If outside city or town limits, write RURAL) (c) Name of hospital or institution:	(c) City or town Seattle (Houtside city or town limits, write l	RURAL) j state)	
Alunn Direct	King County Hospital # 1 (Prior in hospita) of institution write street number or location)	(d) Street No. 4201 Baker Ave	43	
god at typic to others and	(d) Length of stay: In hospital or institution (Specify whether	(e) If foreign born, how long in U. S. A.? Born S	eattle , 19	
White common the community	In this community (Years, months or days)	3 (c) Social	eth)	1
I (a) Furl kame	3 (a) FULL NAME Ronald Bogle	Security Non Number	shington,	
(i) West distributed ever a major to the state and the control of the state of the	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:	MEDICAL CERTIFICATION 20. Date of death: Month June day.	7	
Company to 200 to a continue with the	Rank Period of service	year 1943 hour 85 minutel		1
Tare T	4. Sex 5. Color or race 6(a) Single, widowed, married, divorced. Single	21. I hereby certify that I attended the deceased from May 30 19 430 June	₩ 4₩ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
no basedsod to ease (u)	6 (b) Name of husband or wife 6(c) Age of husband or wife if	that I last saw h im alive on June	7, 19 43 7 the record	
anegot due	alive years Right date of deceased Fab. 23 1943.	and that death occurred on the date and hour stated above.	Duration L	
hall date of decessed	(Month) (Day) (Year)	Immediato cause of death		11 3
* TOE Y and Mostling	8 AGE: Years Months Days If less than one day hrmin.	1 .000		
bally soligions	9 Birthplace Seattle Wash	Due to Asegentally Coulactille	Wash.	144
	(City, town or country) 1008 (State or foreign country)	Due to	43	
Haral occupation HOUS of Industry or Dusiness	I Industry or business	S1 e		Ú,
A nivide Havin A.	12. Name A. R. Bogle	Other conditions (Include pregnancy within 3 months of death)	Physician Washington.	The l
Dichplace Paying	13. Birthplace (City, town, or county) (State or foreign country)	Major findings:	Underline gh.	
den a Conten de Brain	14. Maiden name Arline Rice 15. Birthplace California	Of operations	the cause to which death call should be ore alleged and	
Sentaplace Muchta	15. Birthplace (City, town, or county) (State or foreign country)	Of autopsy Autopsy	charged sta-	
no, maso como esta como como (2)	(a) Informant's own signature Hospital Records	22. If death was due to external causes, fill in the follo	<u> </u>	Ė
Sale at Alling hilling	(b) Address King County Hospital	(a) Accident, suicide, or homicide (specify)	owing: [* 43	
Cres-M. A. A. (2) [13 L. (3)]	(a) <u>Cremation</u> (b) Date thereof <u>June</u> 9/43 (Burls), cremation, or removal) (Month) (Day) (Year)	(b) Date of occurrence		
an Island topail ((c) Place: burial or cremation Washelli Crematory	(c) Where did injury occur?(City or town) (County)	(State) of Washington.	
is Separate of Tanoles discussions	Clark-Rafferty Undertaking Colors (a) Signature of Ameral director Colors (b) Address (c) Address	(d) Did injury occur in or about home, on farm, in indus	uriai piace, in	
(i) Address 621 United and	(b) Address 3518 Fremont ?lace	While at work? (Specify type of place)		-
(2) (1) (2) (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	(a) III 9 1949 (b) Ragnar T. Wesiman, M. D., Dr. P. H. (Dale received local registrar) (Registrar's stenature)	23. Signature Co. Hospital Date signe	or ghee)	
AND ADDRESS OF THE PARTY OF THE		September 1997 1997 1998 September 1997 1997 1997		
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