

Film # 004224620

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

State File No. **2932**
Registrar's No. **2995**

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:
King County Hospital # 1
(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) _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Wash.** (b) County **King**
(c) City or town **Seattle**
(If outside city or town limits, write RURAL.)
(d) Street No. **4201 Baker Ave**
(If rural give location) _____
(e) If foreign born, how long in U. S. A.? **Born Seattle** years

3. (a) FULL NAME **Ronald Bogle**
(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: _____
(c) Social Security Number **None**

MEDICAL CERTIFICATION
20. Date of death: Month **June** day **7**
year **1943** hour **8:** minute **15 PM**
21. I hereby certify that I attended the deceased from
May 30, 19 **43**, to **June 7**, 19 **43**
that I last saw him alive on **June 7**, 19 **43**
and that death occurred on the date and hour stated above. Duration _____
Immediate cause of death
Congenital dilatation
Due to **Congenitally contracted heart**
Due to **1596**
Other conditions (include pregnancy within 3 months of death) _____ Physician _____
Major findings:
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy **Autopsy**

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)
Means of injury _____
23. Signature **J. G. Goble** (M. D. or other) _____
Address **King Co. Hospital** Date signed **6-8-43**

(a) Informant's own signature **Hospital Records**
(b) Address **King County Hospital**
(a) **Cremation** (b) Date thereof **June 9/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washelli Crematory**
Clark-Rafferty Undertaking Co.
(a) Signature of funeral director **Frank S. Clark**
(b) Address **3518 Fremont Place**
(a) **JUN 9 1943** (b) **Ragnar T. Westman, M. D., Dr. P. H.**
(Date received local registrar) (Registrar's signature)

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