

STATE OF WASHINGTON
SEATTLE KING COUNTY DEPARTMENT OF PUBLIC HEALTH
DEPARTMENTAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

7. WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
LOCAL FILE NUMBER 9177 CERTIFICATE OF DEATH STATE FILE NUMBER _____

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **GEORGE WASHINGTON GRAHAM** 2. **Male** 3. **December 2, 1970**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. **White** 5a. **74** 5b. _____ 5c. _____ 5d. _____ 6. **Dec. 17, 1895** 7a. **King**

CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. **Seattle** 7c. **yes** 7d. **Veterans Administration Hospital**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. **Missouri** 9. **U.S.** 10. **widowed** 11. _____

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. **536 07 21 60** 13a. **Maintenance Worker** 13b. _____

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

14a. **Washington** 14b. **King** 14c. **Auburn** 14d. **yes** 14e. **2830 1st St. N. E. Green River Terrace**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **Monroe Graham** 16. **Hannah Buzzard**

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. **VA Hospital Records** 17b. **4435 Beacon Avenue So., Seattle, Wa. 98108**

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) **185 CARCINOMA OF THE PROSTATE** ONE YEAR
DUE TO, OR AS A CONSEQUENCE OF (b) _____
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (b)

19a. _____ 19b. **no** 19c. _____

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. _____ 20b. _____ 20c. _____ 20d. _____

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20e. _____ 20f. _____ 20g. _____

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON BODY AFTER DEATH. I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. **Nov. 13, 1970** 21b. **Dec. 2, 1970** 21c. **Dec. 2, 1970** 21d. **did** 21e. **2:00am**

CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. _____ 22b. _____ 22c. _____ 22d. _____ 22e. _____

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. **J.W. BELL, M.D.** 23b. *J.W. Bell M.D.* 23c. _____ 23d. **Dec. 2, 1970**

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE

23e. **Veterans Administration Hospital, 4435 Beacon Ave. So., Seattle, Wa. 98108**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24a. **Burial** 24b. **Willamette National** 24c. **Portland, Oregon**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP

24d. **12/4/70** 24e. **Stokes Mortuary, 400-S. 3rd St., Renton, Wash. 98055**

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25a. *Wayne Long* 25b. *R.P. Thomas M.D.* 25c. **DEC. 7 1970**

