

Patient was admitted to Morningside Hospital on Feb. 27, 1941,
accompanied only by attendants who knew nothing
of patient's history and had only an official
commitment, - no personal or medical history.

A sister of the deceased, - Eliza Scott, 3652 Francis Ave.,
Seattle, Wash., doubtless could furnish the statistical
information.

J. R. Serrurier, M.D.

STATE OF WASHINGTON
County of King
City of Seattle
Name of deceased
M...
I...
I...
I...

1. Name	William H. ...
2. Birthplace	...
3. Date of birth	...
4. Address	...
5. Occupation	...
6. Date of death	...
7. Cause of death	...
8. Place of death	...
9. Name of physician	...
10. Name of hospital	...
11. Name of attending physician	...
12. Name of funeral home	...
13. Name of undertaker	...
14. Name of cemetery	...
15. Name of burial place	...
16. Name of interment	...
17. Name of person in charge of interment	...
18. Name of person in charge of funeral	...
19. Name of person in charge of burial	...
20. Name of person in charge of cremation	...
21. Name of person in charge of other disposition	...
22. Name of person in charge of other disposition	...
23. Name of person in charge of other disposition	...
24. Name of person in charge of other disposition	...
25. Name of person in charge of other disposition	...

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

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:

(a) County Multnomah

(b) City or town Portland
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution.
Morningside Hospital
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)
In this community (Years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Alaska (b) County _____

(c) City or town None
(If outside city or town limits, write RURAL)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3. (a) FULL NAME MAMIE BALL

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: _____ Rank _____ Period of service _____

3. (c) Social Security Number none

4. Sex female

5. Color or race white

6(a) Single, widowed, married, divorced. widowed

6. (b) Name of husband or wife Harry Ball

6(c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 20 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Shellsburd Iowa
(City, town or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business own home

Father { 12. Name William Hicks

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

Mother { 14. Maiden name Margaret McBroom

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Eliza Scott

(b) Address 3652 Francis, Seattle, Wash.

17. (a) burial (b) Date thereof March 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washelli Cemetery, Seattle

18. (a) Signature of funeral director FISHER & KALFUS, Inc

(b) Address Seattle, Washington

19. (a) _____ (b) _____
(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month _____ day _____
year _____ hour _____ minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

This information on record at Portland, Oregon.