

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

S. F. No. 825—1921. Approved as to Form by Dept. of Efficiency. 25657.

PLACE OF DEATH

Washington State Board of Health

2763

County of King

Record No.....

City or Town of Seattle

BUREAU OF VITAL STATISTICS

Registered No. 2867

CERTIFICATE OF DEATH
1222 Western Ave.

Registration Dist. No. No.
 2. FULL NAME WILLIAM WILSON (If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence No. 26th Ave. & E. Jackson St.
 (Usual place of abode) 425'
 (b) If non-resident, give city or town, and state.....
 (c) How long in Registration Dist. 1 yrs. mos. ds.; how long in U. S. if of foreign birth..... yrs. mos. ds.

Personal and Statistical Particulars

Medical Certificate of Death

3. Sex Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (Write the word) Married

16. Date of death Oct. 28 1925
 (Month) (Day) (Year)

5. (a) If married, widowed or divorced:
 Husband of Margaret Wilson
 or
 Wife of

17. I HEREBY CERTIFY, That I attended deceased from 1925 to 1925 that I last saw h. alive on 9 1925

6. Date of birth Jan. 7 1924
 (Month) (Day) (Year)

and that death occurred on the date stated above, at 9 m. (State the disease causing death, or, in deaths from violent causes, state: (1) Means and nature of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL).
 The CAUSE OF DEATH was as follows:

7. Age 41 yrs. 9 mos. 21 ds. hrs. or min.

(Primary) Valvular Cardiac Disease 90

8. Occupation of deceased:
 (a) Trade, profession, or particular kind of work Ball Player
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

(Duration)..... yrs. mos. ds.
 CONTRIBUTORY Arteriosclerosis
 (Secondary).....
 (Duration)..... yrs. mos. ds.

9. Birthplace (City or town) Ohio
 (State or country).....

18. Where was disease contracted if not at the place of death?.....

PARENTS

10. Name of Father Unknown
 11. Birthplace of Father (City or town) '' (State or Country).....
 12. Maiden name of Mother ''
 13. Birthplace of Mother (City or town) '' (State or Country).....

(a) Did an operation precede death?..... Date of.....
 (b) Was there an autopsy?.....
 (c) What test confirmed diagnosis?
 (Signed) William J. Jones, Dep. Cor. M. D.
10-29 1925 Address Medical Bldg.

14. Informant Mrs. William Wilson
 Address 2107-6 6th Ave.

19. Place of Burial, Cremation or Removal Cremation Date of Burial Oct. 31 1925

15. Filed OCT 30 1925 E. T. HANLEY, M. D. Registrar.

20. Undertaker Bonney-Watson Co. Address.....

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions 10, 11, 12, 13, B. W. Co. 1925 (Signature of Undertaker)
 (Insert numbers of unanswered questions)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.