

PLACE OF DEATH

Washington State Board of Health

255

Record No.

County of

BUREAU OF VITAL STATISTICS

City or Town of

CERTIFICATE OF DEATH

Registered No.

Registration Dist. No.

No.

City Hospital

2. FULL NAME

JOHN (If death occurred in a hospital or institution, give its NAME instead of street and number)
EMIL FRISK

(a) Residence No. 1934 - 7th Ave. st.; 620

(Usual place of abode)

(b) If non-resident, give city or town, and state.

(c) How long in

Registration Dist. yrs. mos. ds.; how long in U. S. if of foreign birth. yrs. mos. ds.

Personal and Statistical Particulars

3. Sex Male	4. Color or Race White	5. Single, Married, Widowed or Divorced (Write the word) Divorced
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6. (a) If married, widowed or divorced:

Husband of

Wife of

6. Date of birth

Oct.

15

1874

(Month)

(Day)

(Year)

7. Age

47

3

mos.

12

ds.

hrs.

or min.

If less than one day

8. Occupation of deceased:

(a) Trade, profession, or particular kind of work Table Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Pacific Coast

(c) Name of employer Co.

9. Birthplace (City or town)

Michigan

(State or country)

10. Name of

Charles Frisk

Father

11. Birthplace of Father

Sweden

(City or town)

(State or Country)

12. Maiden name of

Anna Lindquist

Mother

13. Birthplace of Mother

Sweden

(City or town)

(State or Country)

14. Informant

Hospital records

Address

City Hospital

15. Filed

JAN 31, 1922

H. M. READ M.D.

Registrar

Medical Certificate of Death

16. Date of death

Jan.

27

1922

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1922 to Jan. 27, 1922

that I last saw him alive on Jan. 27, 1922

and that death occurred on the date stated above, at 8:55 P.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:

READ DETAILS ON OTHER SIDE
 Peritonitis Purulent, Purulent
 (Primary) Retro-peritoneal purulent
 infection pelvis Purulent infection
 of spermatic cord

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY

(Secondary)

(See 2 other sides)

Abscess (Pelvic) from

pyonephrosis

(Duration) yrs. mos. 5 ds.

18. Where was disease contracted At his home

If not at the place of death?

(a) Did an operation precede death? Yes Date of 1-26-22

(b) Was there an autopsy? Yes

(c) What test confirmed diagnosis? Exam. abdomen at

operation

(Signed) Elmer C. Cross M. D.

1-28, 1922. Address. American Bank Bldg

19. Place of Burial, Cremation or

Date of Burial

Removal

Lake View

Feb. 1, 1922

20. Undertaker

Address

Bonney-Watson Co.

City

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions.

(Insert numbers of unanswered questions)

2-c, 5 Bonney-Watson Co.

FEB 1, 1922

(Signature of Undertaker)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.