

healthfulness of  
 over. If the occur-  
 prior to illness. If  
 gainfully employed  
 house work, write  
 a domestic service  
 family, cook—hotel,  
 etc.  
 "mill," etc. State  
 civil engineer, me-  
 precise statement  
 tion, as carpenter,  
 person, who, sells  
 causes death, not  
 or injury causing  
 and any important  
 cause, name other

Date of onset  
 1 week ago  
 1 week ago  
 3 days ago  
 6 weeks ago

even in the order of  
 third position. The

EXACTLY. PHYSICIANS should state  
 cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPA-  
 TION is very important. See instructions on back of certificate.

**Washington State Board of Health** Record No. **582**

County of **KING** Registered No. **598**

**BUREAU OF VITAL STATISTICS**

**CERTIFICATE OF DEATH**

City or Town of **SEATTLE** 5211 Kensington Place

Registration Dist. No. \_\_\_\_\_ No. \_\_\_\_\_ St., \_\_\_\_\_ Ward, \_\_\_\_\_

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

Length of residence in city or town where death occurred **35** yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME **HELEN L. STEVENSON**

(a) Residence: No. **5211 Kensington Place** St., \_\_\_\_\_ Ward, \_\_\_\_\_

(Usual place of abode) (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, and year)
Female	White	Widowed	Feb. 15 1933
5a. If married, widowed, or divorced (or) WIFE of <b>William Henry Stevenson</b>			22. I HEREBY CERTIFY, That I attended deceased from <b>Feb. 14 1933 to Feb. 15 1933</b>
6. DATE OF BIRTH (month, day, and year) <b>June 21, 1851</b>			I last saw her alive on <b>Feb. 14 1933</b> death is said to have occurred on the date stated above, at <b>12:45 P.M.</b>
7. AGE (Years, Months, Days) <b>81 7 24</b> If LESS than 1 day, hrs.			The principal cause of death and related causes of importance in order of onset were as follows: <b>Senility</b> Date of onset _____
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <b>Housewife</b>		<b>Senility</b>
OCCUPATION	9. Industry or business, in which work was done, as silk mill, saw mill, bank, etc. <b>Own home</b>		
OCCUPATION	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (city or town) (State or country) <b>New York</b>		Contributory causes of importance not related to principal cause: <b>Grippe</b> <b>2-1-33</b>
FATHER	13. NAME <b>Daniel H. Douglas</b>		Name of operation: <b>None</b> Date of _____
MOTHER	14. BIRTHPLACE (city or town) (State or country) <b>New York</b>		What test confirmed diagnosis: <b>None</b> Was there an autopsy? <b>No</b>
MOTHER	15. MAIDEN NAME <b>Helen Latham</b>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____
MOTHER	16. BIRTHPLACE (city or town) (State or country) <b>New York</b>		Where did injury occur? (Specify city or town, county, and state) _____
MOTHER	17. INFORMANT <b>Harry Gordon Stevenson</b>		Specify whether injury occurred in industry, in home, or in public place. _____
MOTHER	18. BURIAL, CREMATION, OR REMOVAL Place <b>Mt. Pleasant Cem.</b> Date <b>Feb. 18 1933</b>		Manner of injury _____
MOTHER	19. UNDERTAKER <b>E. R. Butterworth &amp; Sons</b>		Nature of injury _____
MOTHER	(Address) <b>300 East Pine Street</b>		24. Was disease or injury in any way related to occupation of deceased? <b>No</b>
MOTHER	20. FILED <b>FEB 17 1933</b> <b>J. S. McBRIDE, M. D.</b> Registrar		If so, specify (Signed) <b>Robert Freeman</b> M. D. (Address) <b>907 Cobb Bldg.</b>