

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Board of Health

Record No. _____

1. PLACE OF DEATH
County of KING

City or Town of SEATTLE BUREAU OF VITAL STATISTICS

Registered No. 3346

CERTIFICATE OF DEATH

Registration Dist. No. _____ No. 7322 11th Ave. N. W. 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 3 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds. 34

2. FULL NAME WILLIAM R. WHITLOCK

(a) Residence: No. 7322 11th Ave. N. W. St., _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced
HUSBAND of _____
WIFE of Emma Whitlock

6. DATE of BIRTH (month, day, and year) Jan. 8, 1856

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
75 9 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postmaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Piedmont
(State or country) Alabama

13. NAME Wm. R. Whitlock

14. BIRTHPLACE (city or town) U. S. A.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) U. S. A.
(State or country)

17. INFORMANT John D. Whitlock
(Address) Priest River, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Date Oct. 11, 1931

19. UNDERTAKER The Butterworth Mortuary
(Address) 300 East Pine Street

20. FILED OCT 10 1931 E. T. HANLEY, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931 to Oct. 8, 1931

I last saw him alive on Oct. 6, 1931 death is said to have occurred on the date stated above, 11:30 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Bronchia Pneumonia 10-2-31

Contributory causes of importance not related to principal cause: Age and Chronic Bronchitis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Symptoms NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) W. Emmett McClain, M. D.
(Address) 20th N.W. & Market St.

S. F. No. 825-1921. Approved as to Form by Dept. of Efficiency. 10562.