

SEATTLE-KING COUNTY 4534  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS SECTION  
1100 Public Safety Building, Seattle 4, Washington

Vol. M-66 Page 1963

CERTIFIED COPY OF DEATH CERTIFICATE

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STATE FILE NO. 6770  
REGISTRAR'S NO. 6770

1. PLACE OF DEATH  
a. COUNTY King  
b. CITY, TOWN, OR LOCATION Seattle  
c. LENGTH OF STAY IN CITY 32 yrs.

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
a. STATE Wash.  
b. COUNTY King  
c. CITY, TOWN, OR LOCATION Vashon 330  
d. STREET ADDRESS Rt. 1, Box 560  
e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☒ f. IS RESIDENCE ON A FARM? Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)  
First Middle Last  
NORMA B MANSFIELD  
4. DATE OF DEATH Month Day Year  
Feb. 7, 1965

5. SEX Fe  
6. COLOR OR RACE White  
7. Married ☒ Never Married ☐ Divorced ☐ Widowed ☐

8. DATE OF BIRTH 1-29-1906  
9. AGE (In years last birthday) 59  
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Authoress  
11. BIRTHPLACE (State or foreign country) Chicago, Ill.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Othniel G. Bickness  
14. MOTHER'S MAIDEN NAME Belle Grable  
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  
16. SOCIAL SECURITY NO. 533-32-7850  
17. INFORMANT Address Robert S. Mansfield, Vashon, Wn.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage  
Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) \_\_\_\_\_  
19. WAS AUTOPSY PERFORMED? Yes ☒ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐  
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
20d. INJURY OCCURRED While at work ☐ Not while at work ☐  
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/21/65 to present and last saw her alive on 2/6/65  
Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.  
22a. SIGNATURE (Degree or title) M.D. 1105 M. D.  
22b. ADDRESS 1105 M. D.  
22c. DATE SIGNED 2/9/65

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation  
23b. DATE 2/9/65  
23c. NAME OF CEMETERY OR CREMATORY Acacia Crematory  
23d. LOCATION (City, town, or county) (State) Seattle, King, Wn.

24. FUNERAL DIRECTOR ADDRESS ADAMS FORKNER FUNERAL HOME - SEATTLE 96105  
25. DATE REC'D BY LOCAL REG. FEB - 8 1965  
26. REGISTRAR'S SIGNATURE S. P. Lehman, M.D.

I HEREBY CERTIFY, That the foregoing is a true, full and correct copy of the original Certificate of Death on file in this office.

S. P. Lehman, M.D.  
Seattle-King County Registrar  
By May Merlis  
MAR 7 1966  
Seattle, Wash.  
CBS 13.20.7

STATE OF OREGON; COUNTY OF KLAMATH; ss:  
Filed for record at request of Ronald W. Meier  
this 10 day of March A.D. 1966 at 2:40 o'clock P.M., and  
duly recorded in Vol. M-66, of Deeds on Page 1963.  
DOROTHY ROGERS, County Clerk  
Fee \$1.50 19 By Jan. New