STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HEALTH SERVICES DIVISION BUREAU OF VITAL STATISTICS

OLYMPIA, WASHINGTON

Vol. M72 Page 9871

WASHINGTON STATE DEPARTMENT OF HEALTH

STATE FILE NO. 725

REG. DIST. NO. 373 — CERTIFICATE OF DEATH — REGISTRAR'S NO.

1. PLACE OF DEATH
a. COUNTY: King
b. CITY, TOWN, OR LOCATION: Seattle
c. LENGTH OF STAY IN (b): 4 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): The Doctor's Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Washington
b. COUNTY: King
c. CITY, TOWN, OR LOCATION: Seattle 19023
d. STREET ADDRESS: 2918 – 4th Ave. West
e. IS RESIDENCE INSIDE CITY LIMITS? Yes [X] No [ ]
f. IS RESIDENCE ON A FARM? Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LELAND Middle L. Last MORRIS
4. DATE OF DEATH: Month Jan. Day 21 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Dec. 29, 1893
9. AGE (In years last birthday): 64
If Under 1 Year: Months ___ Days ___ If Under 24 Hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Right
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Morris
14. MOTHER'S MAIDEN NAME: Rosette Oruver 7023
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 543-07-3561
17. INFORMANT (Address): Mrs. Birdie E. Morris, 2918-4th West.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture with Cerebral Laceration and 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 CONDITION GIVEN IN PART I(a).
INTERVAL BETWEEN ONSET AND DEATH: 16 hrs.
O.K. JOHN P. BRILL JR. COUNTY CORONER
FEB 1 1958
BY O.K. Brill M.D.
18c. WAS AUTOPSY PERFORMED? Yes [X] No [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Accidental Fall from steel tank at work at Todd Shipyards.
20c. TIME OF INJURY: Hour 11:15 a.m. [ ] p.m. [X] Month, Day, Year Jan. 20 '58
20d. INJURY OCCURRED While at work [X] Not while at work [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Todd Shipyards
20f. CITY, TOWN, OR LOCATION Seattle COUNTY King STATE Washington

21. I attended the deceased from Performed autopsy and last saw her/him alive on ___. Death occurred at 1:40PM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) J. Loseby MD
22b. ADDRESS Doctors Hosp.
22c. DATE SIGNED 2-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-24-1958
23c. NAME OF CEMETERY OR CREMATORY Evergreen Memorial Park
23d. LOCATION (City, town, or county) (State) Seattle, King, Washington
24. FUNERAL DIRECTOR ADDRESS Wiggen & Sons Mortuary Seattle, Wash.
25. DATE REC'D BY LOCAL REG. JAN 23 1958
26. REGISTRAR'S SIGNATURE S. P. Lehman

S. F. No. 7784—11-56—150M. 46896

SEP 1 2 29 PM 1972

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY (PHOTOGRAPHIC) OF THE RECORD ON FILE WITH THE WASHINGTON STATE BUREAU OF VITAL STATISTICS, OLYMPIA, WASHINGTON.

WASHINGTON STATE BOARD OF HEALTH SEAL

Fred W. Goodrich

FRED W. GOODRICH
State Registrar of Vital Statistics

By:

HEA-478—10-71

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 1st day of SEPTEMBER A. D., 1972 at 2;29 o'clock P.M., and duly recorded in Vol. M 72 of DEEDS on Page 9871

FEE $2.00

WM. D. MILNE, County Clerk

By Delagil Dargil