

WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

STATE FILE NO. 16716

REG. DIST. NO.

4580

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1. PLACE OF DEATH & COUNTY King		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Washington b. COUNTY King	
c. CITY (If outside corporate limits, write RURAL) OR TOWN Seattle		c. CITY (If outside corporate limits, write RURAL) OR TOWN Seattle	
d. FULL NAME OF (If not in hospital or institution, give street address of hospital or institution) King County Hospital		4. STREET (If rural, give location) ADDRESS 501-4th. Ave. Holland Hotel	

3. NAME OF a. (First) DECEASED (Type or print) Carlos		b. (Middle) Bulacan		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1956	
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5. SEX Male	6. COLOR OR RACE Filipino	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 24, 1914	9. AGE (In years last birthday) 41	10. Under 1 Yr. Months Days	11. Under 15 Yrs. State	12. Under 25 Yrs. Sex
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10a. USUAL OCCUPATION (Write kind of work done during most of working life, even if retired) Writer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Philippine Islands	12. CITIZEN OF WHAT COUNTRY? Philippines
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13. FATHER'S NAME Simon Bulacan	14. MOTHER'S MAIDEN NAME Adelia Espayan
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 565-28-7601	17. INFIRMARY Records - King County Hospital
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or condition which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bilateral Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTICIPATED CAUSES Mention conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Due to (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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22a. TIME (Month) (Day) (Year) (Hour) OF INJURY	22b. INJURY OCCURRED While at <input type="checkbox"/> Not while at work <input type="checkbox"/>	22c. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from **Sept. 11, 1956**, to **Sept. 11, 1956**, that I last saw the deceased alive on **Sept. 13, 1956**, and that death occurred at **8:55 AM**, from the causes and on the date stated above.

23. SIGNATURE (Sign in ink) Andrew A. D.	23b. ADDRESS King County Hospital	23c. DATE SIGNED 12 1956
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24. BURIAL, CREMATION, REINTERMENT (Specify) Burial	24b. DATE 9/15/56	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	24d. LOCATION (City, town, or county) Seattle, Washington
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25. REG'D BY LOCAL HEALTH OFFICER SEP 14 1956	REGISTRAR'S SIGNATURE S.P. Logan	25. FUNERAL DIRECTOR ADDRESS Georgetown Funeral Home
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