WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

REG. DIST. NO. 2935
REGISTRAR'S NO.

CERTIFICATE OF DEATH

STATE FILE NO. 12191

1. PLACE OF DEATH
a. COUNTY: King
b. CITY (If outside corporate limits, write RURAL OR TOWN and give township): Seattle
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): King County Hospital

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 and give township) OR TOWN: Auburn
d. STREET (If rural, give location) ADDRESS: 35902 A St. S.E.

3. NAME OF DECEASED (Type or print): a. (First) Julie b. (Middle) Mae c. (Last) Freemire

4. DATE OF DEATH: (Month) (Day) (Year) 6-24-51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10-4-50
9. AGE (In years last birthday): If Under 1 Yr. Months: 8 Days: | If Under 24 Hrs. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Auburn, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ted W. Freemire

14. MOTHER'S MAIDEN NAME: Esther Boston

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.:

17. INFORMANT: Records - King County Hospital

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 Day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Cause Undetermined
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 ☐ No ☐

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22-, 1951, to 6-24-, 1951, that I last saw the deceased alive on 6-24-, 1951, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE: James Ford (Degree or title) MD
23b. ADDRESS: King County Hospital
23c. DATE SIGNED: 6-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/28/51
24c. NAME OF CEMETERY OR CREMATORY: Auburn Cemetery
24d. LOCATION (City, town, or county) (State): Auburn, Washington

DATE RECD. BY LOCAL REG.: JUL 2 1951
REGISTRAR'S SIGNATURE: S. P. Lehman
25. FUNERAL DIRECTOR: Ed Price
ADDRESS: Auburn, Wash.

AUG 13 1951