	CAL FILE MUMBER		CERTIFIC	P/(L O		7-7-7-	STATE FILE N	
DECEASED-NAME	<u></u>	FIRST	MIDDLE		LAST SEX	1	DEATH (MONTH	, DAY, YEAR)
1.		ED .	W FF	REEMIRE		3. 77	/15/69	
RACE WHITE, NEGRO	, AMERICAN INDIA		ARSI MOS. DAYS	HOURS MIN.	DATE OF BIRTH (OF DEATH	
4.	White	S. 47	54.	St.	1/29/1	922 -	King	
CITY, TOWN, OR L			INSIDE CITY LIMITS	HOSPITAL OR OT	HER INSTITUTION-	-NAME (IF NOT IN EITHE	, GIVE STREET AND	NUMBER)
, , ,	Seattle		, Yes	,DOA Wes	t Seattl	e General He	ospital	-
STATE OF BIRTH (H	NOT IN U.S.A., P	NAME CITIZEN OF		MARRIED, NEVER		SURVIVING SPOUSE (IF	WIFE, GIVE MAIDEN	NAME 1
Was	h. cour	TRY) USA		WIDOWED DIVO	CED SPECIFY)			
SOCIAL SECURITY I	NUMBER	USUAL OCCI	UPATION (GIVE KIND O	TIU. OF WORK DONE DURING	MOST OF KIND	OF BUSINESS OR INDU	STRY	•
,533-12-4	818	~	Laborer	-		~ -:		
RESIDENCE—STAT		13a.	CITY, TOWN, OI	9 LOCATION	136.	DE CITY LIMITS STREET	ND NUMBER	
Wash.		King	Seat			W YEE OR NO.	3rd Av	#Co
140.	145.	True	140. 500		14d.	174.		
FATHER-NAME	FIRST		MIDDLE	100 TO 10	OTHER-MAIDEN		AIDOLE	LAST
15.	Henry		Freemin	14.		Lizzie		Cove
INFORMANT-NA	ME	AMINED CAS	E # 10	MAILING ADDRES	S (STRI	ET OR R.F.D. NO., CITY OR	TOWN, STATE, ZIP)	11107
KING CO. I	MEDICAL EX	AMINER CA	SE #69.309	100 Crockett	Street, Seattle,	Wash. 98109		4/23
PART I.	DEATH WAS CA	USED BY:		LENTER ONLY ONE	CAUSE PER LINE F	OR (a), (b), AND (c)]		APPROXIMATE INTE
ÎI.	IMMED	NATE CAUSE						
WHICH GAVE RES	ANY, (b) E 10, OUE TO	D, OR AS A CONSESSION, OR AS A CONSESSION	WALE OF:	Insuff	freen	9		,
WHICH GAVE RESIDENCE CAUSE STATEMENT THE UP	ANY, SE TO E (b) DUE TO	Lives	Everany Jence OF: Outer	Insuf	freeze	Deart.	Osea	
WHICH GAVE RESIDENCE CAUSE STATEMENT THE UP	ANY, SE TO E (b) DUE TO	O, ORAS A CONSEQUENCE ON DITTONS: CONDITIONS: CONDITIONS	JENCE OF: JENCE OF:			Heart .	AUTOPSY LYES OF MO	IF YES WERE PINDINGS SIDERED IN DETERMINING OF DEATH
WINICH CAVE BY IMMEDIATE CAUSE STATING THE UP LYING CAUSE LAT PART II. OTHER S ACCIDENT, SUICIDE	ANY, SE TO (b) E (0) OUE TO OUE GOIFFICANT CON	O, OPAS A CONSTRU LEVELE ADITIONS: CONDITION		MEDICAL, ATTE	ENDANCE		AUTOPSY (YES OF P)	IF YES WERE FINDING. SIDERED IN DETERMINING OF DEATH 196.
WHICH GAVE BE IMMEDIATE CAUSE STATING THE UP LYING CAUSE LAS PART II. OTHER STACCIDENT, SUICIDE OR UNDETERMINED	ANY, SE TO (b) E (0) OUE TO OUE GOIFFICANT CON	O, OPAS A CONSTRU LEVELE ADITIONS: CONDITION	IED, WITHOUT I	MEDICAL ATTE	HOW INJURY	APRIL (G) OCCURRED (ENTER NAT	AUTOPSY (YES OF P)	IF YES WERE FINDING SIDERED IN DETERMINING OF DEATH
WHICH GAVE BI- IMMEDIATE CAUSE STATING THE UP LYING CAUSE LAS PART II. OTHER S ACCIDENT, SUICIDE OR UNDETERMINED 200.	ANY, SE TO S	DATE OF INJURY	(MONTH, DAY, YEAR)	MEDICAL ATTE	HOW INJURY	OCCURRED (ENTER NAT	AUTOPSY (YES OR 10) 119.	IF YES WERE FINDING SIDERED IN DETERMINING OF DEATH
WHICH GAVE BE IMMEDIATE CAUSE IN STATING THE UP LYING CAUSE LAS PART II. OTHER STACED OR UNDETERMINED	ANY, ANY, ANY, ANY, ANY, ANY, ANY, ANY,	DATE OF INJURY	IED, WITHOUT I	MEDICAL, ATTE	HOW INJURY		AUTOPSY (YES OF 1) 196. URE DYNJURY IN (IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 196.
WHICH GAVE BE IMMEDIATE CAUSE IN STATING THE UP LYING CAUSE LAS PART II. OTHER SECONDARY OF THE CONTROL OF THE	ANY, SE TO E TO SE	DATE OF INJURY 206. INJURY AT HOME, F. G., ETC. (SPECIFY)	IED WITHOUT ! (MONTH, DAY, YEAR) ARM, STREET, FACTORY,	MEDICAL, ATTE HOUR 20. M LOCATION 20g.	HOW INJURY 1. 20d.	OCCURRED (ENTER NAT	AUTOPSY (YES OF 19) 100. 100 1	IF YES WERE PINDINGS SIDERED IN DETERMINING OF DEATH 180. T 1 5 1969
WHICH GAVE BE IMMEDIATE CAUSE STATING THE UP LYING CAUSE LAS PART II. OTHER S ACCIDENT, SUICIDE OR UNDETERMINED 200. INJURY AT WORK (SPECIPY YES OR NO. 200. CERTIFICATION—PHYSICIAM:	ANY, SE TO E TO DUE TO	DATE OF INJURY AT HOME, F. G., ETC. I SPECIFY I	IED WITHOUT ! (MONTH, DAY, YEAR) ARM, STREET, FACTORY,	MEDICAL, ATTE THOUR 201. M LOCATION 209.	HOW INJURY 1. 20d. (STREET OR 1	OCCURRED (ENTER NAT	AUTOPSY (YES OF Y) (IN.) (IN.	IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 196. TARY I OR PART II, ITEM 18 TARY I STEM 18 TARY I S
PART II. OTHER S ACCIDENT, SUICIDE OR UNDETERMINED TOUR AT WORK (SPECIFY YES OR NO: TOUR CERTIFICATION—	ANY, SE TO BE TO DUE TO SE TO DUE TO SE TO	DATE OF INJURY 206. INJURY AT HOME, FOR THE CONTROL OF THE CONTR	IED WITHOUT ! (MONTH, DAY, YEAR) ARM, STREET, FACTORY,	MEDICAL ATTE HOUR 20s. M LOCATION 20g. YEAR AND IAS	HOW INJURY 1. 20d. (STREET OR 1	OCCURRED (ENTER NAT	AUTOPSY (YES OF 19) (19) (19) (19) (19) (19) (19) (19) (IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 190. T 1 5 1969 CURRED AT THE PLACE, OF DATE, AND, TO OF MY KNOWNED
PART II. OTHER SI ACCIDENT, SUICIDE OR UNDETERMINED TO INJURY AT WORK (SPECIFY YES OR NO TO INJURY AT THE OR PHYSICIAN: 11. DECEASED FRO CERTIFICATION— CER	ANY, ANY, ANY, ANY, ANY, ANY, ANY, ANY,	DATE OF INJURY AT HOME, F. G., ETC. ISPECIFY I	IED WITHOUT ! (MONTH, DAY, YEAR) ARM, STREET, FACTORY, MONTH DAY 21b.	MEDICAL ATTE HOUR 201. M LOCATION 209. YEAR AND LAS MON 211. HOUR OF DEATH	HOW INJURY 20d. (STREET OR INTERPRETED ON YOUR ON YOUR ON YOU MANN)	OCCURRED (ENTER NAT	AUTOPSY (YES OF NO) (196. STATE) O(TW THE DEATH OCC (HOUR) 216.	IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 190. T 1 5 1969 CURRED AT THE PLACE, OF MY KNOWLED M. TO THE CAUSEIS)
WHICH GAVE RIMEDIATE CAUSS STATING THE UPLYING CAUSE LAS STATING THE UPLYING CAUSE LAS PART II. OTHER S ACCIDENT, SUICIDE OR UNDETERMINED 20s. INJURY AT WORK (SPECIFY YES OR NO. 20s. I ATTENDED THI TILL DECEASED PRO. CERTIFICATION—CERTIFICATION—CERTIFICATION—OTHER DEATH OCCURRED ON THE DEATH OCCURRED ON TH	ANY, SE TO S	DO, ORAS A CONSEQUENCE OF INJURY 206. INJURY AT HOME, F G., ETC. ISPECIFY: ENAMINATION IN A TOTAL TOTAL THE INVESTIGATION, IN A	IED WITHOUT I (MONTH, DAY, YEAR) ARM, STREET, FACTORY, MONTH DAY D 21b.	MEDICAL ATTE HOUR 201. M LOCATION 209. YEAR AND LAS MON 211. HOUR OF DEATH	HOW INJURY 20d. (STREET OR INTERPRETED ON YOUR ON YOUR ON YOU MANN)	OCCURRED (ENTER NAT	AUTOPSY (YES OF 19) [18.	IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 190. T 1 5 1969 CURRED AT THE PLACE, OF DATE, AND, TO OF MY KNOWNED
WHICH GAVE RESIDENCE CANDIDATE CAUSE STATING THE UPLYING CAUSE LAS STATING THE UPLYING CAUSE LAS STATING THE UPLYING CAUSE LAS ACCIDENT, SUICIDE OR UNDETERMINED 200. ACCIDENT, SUICIDE OR UNDETERMINED 200. INJURY AT WORK (SPECIFY YES OR NO: 200. CERTIFICATION—PHYSICIAN: I ATTENDED THI III. DECASED PRO: CERTIFICATION—CERTIFICATION—CERTIFICATION—CERTIFICATION—CERTIFICATION—OF THE DEATH OCCURRED ON 170.	ANY, SE TO DUE TO SE TO DUE TO SE TO DUE TO SE T	DOTE OF INJURY TO THE CAUSESS STATE	IED WITHOUT ! (MONTH, DAY, YEAR) WARM, STREET, FACTORY, MONTH DAY DELTA AV OPINION, RED.	MEDICAL ATTE HOUR 201. M LOCATION 20g. YEAR AND LAS MON 21c.	HOW INJURY 20d. (STREET OR INTERPRETED ON YOUR ON YOUR ON YOU MANN)	OCCURRED (ENTER NAT	AUTOPSY (YES OF S) (IN.) STATE) ON THE DEATH OCC (HOUR) YEAR	IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 190. T 1 5 1969 CURRED AT THE PLACE, OR DATE, AND, TO THE OF MY KNOWLED M. TO THE CAUSEIS) HOUR
PART II. OTHER S ACCIDENT, SUICIDE OR UNDETERMINED 200. INJURY AT WORK (SPECIFY YES OR NO. 2004) PHYSICIAN: I ATTENDED THI TIE. DECEASED FRO. 2004 CERTIFICATION—CERT	ANY, SE TO E TO SE	DATE OF INJURY 206. INJURY AT HOME, F D., ETC. (SPECIFY) PAY YEAR TO THE CAUSEIS) STAT	IED WITHOUT I (MONTH, DAY, YEAR) ARM, STREET, FACTORY, MONTH DAY 21b. ASST. S ATTHOLOGIST 1	MEDICAL ATTE HOUR 201. M LOCATION 209. YEAR AND LAS MON 211. HOUR OF DEATH 2.02. SIGNATURE 32.	HOW INJURY 20d. (STREET OR INTERPRETED ON YOUR ON YOUR ON YOU MANN)	OCCURRED (ENTER NAT L.F.D. NO., CITY OR TOWN TO ON L DID/DID NOT VIE BOOV AFTER DEATH. 214. J.L. NT WAS PRONOUNCED DEAC DAY 9-15-69	AUTOPSY (YES OF NO.) (IN. THE DEATH OCC (HOUR) YEAR THE DATE DATE THE DA	IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH PART I OR PART II, ITEM II CT 15 1969 CURRED AT THE PIACE, OR DATE, AND, TO THE OF MY KNOWNED M. TO THE CAUSEIS) HOUR 12:16 F
PART II. OTHER S ACCIDENT, SUICIDE OR UNDETERMINED 201. CERTIFICATION— PHYSICIAN: I ATTENDED TRI TIL. DECEASED FROM CERTIFICATION— CERTIFI	ANY, SE TO E TO SE	DATE OF INJURY 206. INJURY AT HOME, F D., ETC. (SPECIFY) PAY YEAR TO THE CAUSEIS) STAT	IED WITHOUT I (MONTH, DAY, YEAR) ARM, STREET, FACTORY, MONTH DAY 21b. ASST. S ATTHOLOGIST 1	MEDICAL ATTE HOUR 201. M LOCATION 209. YEAR AND LAS MON 211. HOUR OF DEATH 2.02. SIGNATURE 32.	HOW INJURY 20d. (STREET OR INTERPRETED ON INTERPRETED	OCCURRED (ENTER NAT L.F.D. NO., CITY OR TOWN TO ON L DID/DID NOT VIE BOOV AFTER DEATH. 214. J.L. NT WAS PRONOUNCED DEAC DAY 9-15-69	AUTOPSY (YES OF S) (IN.) STATE) ON THE DEATH OCC (HOUR) YEAR	IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 10. PART II, ITEM 18. TARE I OR PART II, ITEM 18. T 1 5 1969 CURRED AT THE PLACE, OR DATE, AND, TO THE MY KNOWNED M. TO THE CAUSEIS) HOUR 13:16 F
WHICH GAVE REMANDED TO BE THE CONTROL OF THE CONTRO	ANY, SE TO S	DATE OF INJURY 206. INJURY AT HOME, F C., ETC. (SPECIFY) BASIS OF THE INVESTIGATION, IN A TO THE CAUSE(S) STAT	IED WITHOUT I (MONTH, DAY, YEAR) ARM, STREET, FACTORY, MONTH DAY 21b. ASST. S ATTHOLOGIST 1	MEDICAL ATTE	HOW INJURY 20d. (STREET OR INTERPRETED ON INTERPRETED	OCCURRED (ENTER NAT	AUTOPSY (YES OF NO.) (IN. THE DEATH OCC (HOUR) YEAR THE DATE DATE THE DA	IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 106. PART I OR PART II, ITEM 18 T 1 5 1969 CURRED AT THE PLACE, OR DATE, AND, TO THE CAUSEIS) HOUR 13:16 F
PART II. OTHER SITATION OF THE UNITED THE UN	ANY, SE TO S	DATE OF INJURY TO THE CAUSEISH STATE BASIS OF THE INVESTIGATION, IN A TO THE CAUSEISH STATE CEMETERY CEMETERY	MONTH, DAY, YEAR) ARM, STREET, FACTORY, MONTH DAY 21b. ASST. 3 ATHOLOGIST Z STREET OR R.	MEDICAL ATTE	ENDANCE HOW INJURY 20d. (STREET OR INTERPRET	OCCURRED (ENTER NAT	AUTOPSY (YES OF 10) [18e. , STATE) O(THE DEATH OCC (HOUR) 21e. YEAR DATE	IF YES WERE PINDING: SIDERED IN DETERMINING OF DEATH 196. THE TIME PLACE, ON DATE, AND, TO TO OF MY KNOWLED M. TO THE CAUSE(S) HOUR 12:16 STATE
PART II. OTHER S ACCIDENT, SUICIDE OR UNDETERMINED TO AUGUST AND AUGUST ACCIDENT, SUICIDE OR UNDETERMINED TO AUGUST AUGU	ANY, SE TO S	DATE OF INJURY TO THE CAUSE IS STATE BASIS OF THE INVESTIGATION, IN A TO THE CAUSE IS STATE CEMETERY 246. Mt	MONTH DAY MONTH DAY MONTH DAY MONTH DAY D ZIB. AY OPINION, RED. ASST. S STREET OR R. 8109	MEDICAL ATTE	ENDANCE HOW INJURY 20d. (STREET OR 1) ST SAW HIM/HER ALITH DAY THE DECEDE MON! CITY OF	OCCURRED (ENTER NAT	AUTOPSY (YES OF 19) [196. STATE) O(W THE DEATH OCC (HOUR) 216. YEAR DATE STATE OR TOWN Wa	IF YES WERE PINDINGS SIDERED IN DETERMINING OF DEATH 196. T 1 5 1969 CURRED AT THE PLACE, ON DATE, AND, TO THE OF MY KNOWLED M. TO THE CAUSEISI HOUR 13:16 SIGNED A MONTH, DAY, Y 24
WHICH GAVE REMAINED THE UP INTO CAUSE LAS STATING THE UP IVING CAUSE LAS STATING THE UP IVING CAUSE LAS STATING THE UP IVING CAUSE LAS COULDED TO UNDETERMINED TO UNDETERMINED TO UNDETERMINED THE LAST COULDED TO UNDETERMINED THE LAST CERTIFICATION—CERTIFI	ANY, SE TO DUE TO SE TO	DATE OF INJURY TO THE CAUSE IS STATE BASIS OF THE INVESTIGATION, IN A TO THE CAUSE IS STATE BASIS OF THE CEMETERY 246. Mt FUNERAL	MONTH DAY MONTH DAY MONTH DAY MONTH DAY ZIB. ASST. S ATHOLOGIST Z STREET OR R. 8109 OR CREMATORY—NAME AND HOME—NAME AND	MEDICAL ATTE	THE DECEDE MONING OF THE DECEDE	OCCURRED (ENTER NAT L.F.D. NO., CITY OR TOWN TO ON I DID/DID NOT VIE BOOY AFTER DEATH. 214. L. L. NT WAS PRONOUNCED DEACH DAY 9-15-69 GETTY OR TOWN, STATE, 21P B. Q. BOY #	AUTOPSY (YES OF TO) (ING.) STATE) WE THE DEATH OCC (HOUR) YEAR THE DATE STATE OR TOWN WA 9 All hillers	IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 10. PART II, ITEM 10. PART II, ITEM 10. TO THE PIACE, OR DATE, AND, TO THE PIACE, OR MY KNOWNED M. TO THE CAUSEISI HOUR 12:16 State Sh. Wash. 980.
WHICH GAVE BE IMMEDIATE CAUSE IS IMMEDIATE CAUSE IS STATING THE UP LYING CAUSE LAS STATING THE UP LYING CAUSE LAS COUNTY OF THE CONTROL OF UNDETERMINED TO THE CONTROL OF THE DECEASED PRODUCE THE DECEASED PRODUCE THE DECEASED PRODUCE TO THE DECEASED PRODUCE THE DECEASED PRODUCE TO THE	ANY, SE TO S	DATE OF INJURY TO THE CAUSE IS STATE BASIS OF THE INVESTIGATION, IN A TO THE CAUSE IS STATE BASIS OF THE CEMETERY 246. Mt FUNERAL	IED WITHOUT I (MONTH, DAY, YEAR) WARM, STREET, FACTORY, MONTH DAY 21b. ASST. S ATTHOLOGIST Z STREET OR R. 8109 OR CREMATORY—NAME NOME—NAME AND CC — Helto	MEDICAL ATTE	THE DECEDE A. 226d. (STREET OR 1) THE DECEDE MON! THE DECEDE CITY OF LOCATION 24c. ET OR R.F.D. NO., C Chapel	OCCURRED (ENTER NAT L.F.D. NO., CITY OR TOWN TO ON I DID/DID NOT VIE BOOY AFTER DEATH. 214. L. L. NT WAS PRONOUNCED DEACH DAY 9-15-69 GETTY OR TOWN, STATE, 21P B. Q. BOY #	AUTOPSY (YES OF NO.) [196. STATE) O(TW THE DEATH OCC (HOUR) 216. YEAR THE DATE STATE OR TOWN Wa	IF YES WERE PINDING SIDERED IN DETERMINING OF DEATH 18. PART I OR PART II, ITEM III CT 15 1969 CURRED AT THE PLACE, OR DATE, AND, TO THE CAUSEISI HOUR SIGNED A MONITO EN STATE Sh. Wash. 986