STATE OF WASHINGTON
DEPARTMENT OF HEALTH

WASHINGTON STATE DEPARTMENT of HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County of King
City or Town of Seattle
Registration Dist. No. ..... No. 3329 - E. Madison St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... days.
How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... days.

Record No. 825
Registered No. 864

1a. PLACE OF RESIDENCE: State Washington County King
(If not same as place of death)
City or Town Seattle No. 3329 - E. Madison Street

2. FULL NAME AGNES G. McLAREN 465

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female F
4. Color or Race white
5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert McLaren

6. DATE OF BIRTH (month, day, and year) May 23, 1855

7. AGE Years 81 Months 8 Days 28 If LESS than 1 day, ... hrs. or ..... mins.

OCCUPATION
8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town and State or country): Pennsylvania

FATHER
13. NAME: William Gardner
14. BIRTHPLACE (city or town and State or country): Scotland

MOTHER
15. MAIDEN NAME: Charlotte Davison
16. BIRTHPLACE (city or town and State or country): Scotland

17. INFORMANT (name and address): W. G. McLaren - 3329 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL:
Place Sumner, Wash. Date Feb. 24 1937

19. UNDERTAKER (name and address): Bonney-Watson Co., Seattle, Wash

20. FILED Feb 2 1937 193 F. M. CARROLL M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2. 1936, 193 , to Feb 21-1937, 193
I last saw her alive on Feb 21 '37, 193 ; death is said to have occurred on the date stated above, at 6:30 P.M. 49

The principal cause of death and related causes of importance were as follows:
Carcinoma of breast, liver, lungs and stomach.
Date of onset unknown.

Other contributory causes of importance:
Miocarditis -

Date of Onset

Name of operation none Date of
What test confirmed diagnosis? Labratory & Xray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place:
Manner of injury No injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. B. Ford, D.O.
(Address) 506 - Shafer Bldg. Seattle Wa.

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (12/11)

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