STATE OF WASHINGTON
DEPARTMENT OF HEALTH
VITAL STATISTICS SECTION

113905

CERTIFIED COPY OF DEATH CERTIFICATE

229268

4700
LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF HEALTH VITAL RECORDS
BOOK 129 PAGE 586

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

Field	Entry
1. Name—First, Middle, Last	BETTY T. CRUM
2. Sex	Female
3. Death Date (Mo. Day Yr.)	May 23, 1990
4. Age Last Birthday (Yrs)	60
6. Birthdate (Mo. Day Yr.)	Feb. 2, 1925
7. Birthplace (State or foreign country)	Michigan
8. Citizen of what country?	U.S.A.
9. County of Death	King
11. City, Town or Location of Death	Seattle
12. Place of Death / Institution Name	Swedish Medical Center
13. Smoking in Last 10 Years	Yes
14. Marital Status	Married
15. Surviving Spouse	Thomas Raymond Crum
16. Was Decedent Ever in U.S. Armed Forces?	No
17. Social Security No.	[redacted]
18. High School Graduate?	Yes
19. Usual Occupation	Teacher
20. Kind of Business or Industry	Public Education
21. Was Decedent of Hispanic Origin?	No
22. Race	White
23. Residence—Number and Street	4503 108th Ave. N.E.
24. City, Town or Location	Kirkland
25. Inside City Limits?	Yes
26. County	King
27. State	Washington
28. Zip Code	98033
29. Father's Name	Sydney Milson
30. Mother's Name—Maiden Surname	Elizabeth Thomson
31. Informant—Name	Thomas Taymond Crum
32. Mailing Address	4503 108th Ave. N.E. Kirkland, Washington 98033
33. Burial, Cremation, Removal, Other	Cremation
34. Date	05/25/1990
35. Cemetery / Crematory—Name	Bleitz Crematory
36. Location	Seattle, Washington 98109
37. Funeral Director	[signature] 879
38. Name and Address of Facility	Bleitz Funeral Home 316 Florentia St. Seattle WA. 98109

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.
Signature and Title: X Edward Weber
Date Signed: 5/24/90
Hour of Death: 01100hrs.

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
Signature and Title: X

Name and Address of Certifier—Physician, Medical Examiner or Coroner: Edward Weber, M.D. 1221 Madison, Seattle, Wa. 98104

Part I. Enter the diseases, injuries or complications which caused the death.

	Cause	Interval between onset and death
Immediate Cause (a)	Carcinomatosis	2 mo
Due to or as a consequence of (b)	Carcinoma of lung	1/89

Other significant conditions:
Autopsy (Yes/No): [illegible]
Was case referred to Medical Examiner or Coroner? No

Registrar: [signature] Date Received: MAY 25 1990

FILED BY [illegible]
RETURN TO L. E. Hansen

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DOH 01-003 (7/89)

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AUDITOR
GARY H. OLSON

CERTIFIED
MAY 30 1990
SEAL OF THE STATE OF WASHINGTON DEPT. OF PUBLIC HEALTH
R.M. NICOLA, MD
DIR. SEATTLE-KING CO. DEPT. OF PUBLIC HEALTH
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