

95722

CERTIFICATE OF DEATH

BOOK K PAGE 496

Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Local File Number

State File Number

DECEASED—NAME First: Sarah J. Middle: EMERSON Last: EMERSON			DATE OF DEATH (month, day, year) 07 Apr 1983		
RACE White, Black, American Indian, etc. (specify) White		SEX Female	AGE—Last birthday (years) 71		DATE OF BIRTH (month, day, year) 10 Jul 1911
CITY, TOWN OR LOCATION OF DEATH Portland		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Good Samaritan		COUNTY OF DEATH Multnomah	
STATE OF BIRTH (If not in U.S.A., name country) Canada		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker		SPOUSE (IF MARRIED, WIDOWED) Elmo Emerson	
RESIDENCE—STATE Washington		COUNTY Skamania		KIND OF BUSINESS OR INDUSTRY Own Home	
CITY, TOWN, OR LOCATION North Bonneville		STREET AND NUMBER OR R.F.D., ZIP 703 Port Rains		Inside City Limits (specify yes or no) Yes	
FATHER—NAME John - Burd		MOTHER—Maiden Name SHELBOURNE Jean - Burd		INFORMANT—NAME and relationship to deceased Elmo Emerson, Husband	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) CREMATION		CEMETERY OR CREMATORY—NAME Little Chapel of Chimes		LOCATION—city or town, state Portland, Oregon	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) R. P. D... [Signature]		NAME AND ADDRESS OF FACILITY GARDNER FUNERAL HOME, INC. White Salmon, WA			
To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. 21a (Signature) R. Ellerby, M.D.		DATE SIGNED (Mo., Day, Yr.) 4-18-83		HOUR OF DEATH 2249 M	
NAME AND ADDRESS OF CERTIFIER (Type or Print) R. Ellerby, M.D. 4015 N.W. 22nd Portland, Oregon		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 20 1983		REGISTRAR [Signature]			
22. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
PART I (a) Metastatic Breast Cancer				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT (Specify Yes or No) NO		DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c	
INJURY AT WORK (Specify Yes or No) NO		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26d		DESCRIBE HOW INJURY OCCURRED 26e	
LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	

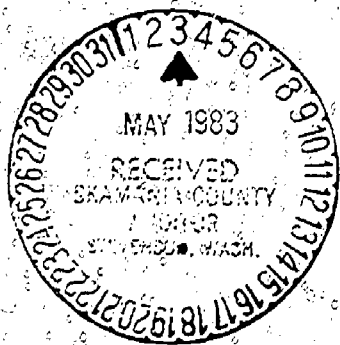
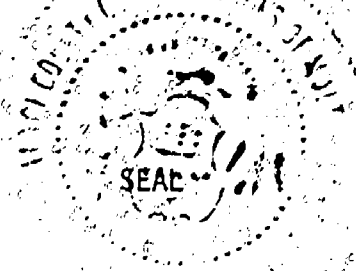
RESERVED FOR REGISTRAR'S USE

STATE OF OREGON
COUNTY OF MULTNOMAH

Date APR 20 1983

HS-2 (Rev. 1/80)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.



Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS