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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

BOOK 151 PAGE 83

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME	First	Middle	Last	DATE OF DEATH (month, day, year)
1	Janet	Louise	DUKE	2 October 29, 1979

RACE White, Black, American Indian, etc.(specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3 White	4 Female	5a 33	5b	5c	6 January 31, 1946

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	IF HOSP. OR INST., Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
7a Hood River	7b Cascade Locks	7c 125 Hammond	7d —

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Pennsylvania	9 U.S.A.	10 Married	11 Byron Duke	12 No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 [redacted]	14a Housewife	14b Own Home

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Hood River	15c Cascade Locks	15d 125 Hammond 97014	15e Yes

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 Richard Long	17 Lorna McMurry	18 Byron Duke---husband

BURIAL, CREMATION, REMOVAL, MAUSE (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Cremation	19b The Arbor Crematorium	19c Portland Oregon

FUNERAL SERVICE LICENSEE or person Acting As Such (Signature)	NAME AND ADDRESS OF FACILITY
20a Mutual McMurquito	20b The ARBOR 1410 S.W. Jefferson St. Portland, Ore. 97201

CERTIFICATION BY CERTIFYING PHYSICIAN

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature)	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
	21b 10/29/79	21c 3:10 Found A M

CERTIFIER — NAME AND TITLE (Type or print): 21d Andrew Glass, M.D.

MAILING ADDRESS (Street, city or town, state, zip): 5055 N. Greeley Avenue Portland, Oregon 97217

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	REGISTRAR
22a OCT 25 1979	22b (Signature) Marjorie J. Talley

CAUSE OF DEATH

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).

		Interval between onset and death
23 IMMEDIATE CAUSE (a)	Pulmonary Edema	2yrs.
DUE TO, OR AS A CONSEQUENCE OF: (b)	Carcinoma of Breast (c)	
DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER
24 Yes	25 (Specify Yes or No) YES

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a No	26b	26c M	26d

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION STREET OR R.F.D. CITY OR TOWN STATE
26e No	26f	26g

RESERVED FOR REGISTRAR'S USE

Item #2 corrected by supplemental Report VS-26, #1, October 25, 1979 MJT

VS-2 Rev 8-78 P-453412

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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JUL 14 1 23 PM '95
G. Lowry
AUDITOR
GARY N. OLSON

STATE OF OREGON
COUNTY OF HOOD RIVER

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

Marjorie J. Talley
Registrar of Vital Statistics

October 25, 1979
Date

Registered
Indexed, Dir
Indirect
Typed
Mailed

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT

Sent to Wash. County Assessor
Date 7/14/95