5cc 2 1995

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 152 — 124904

BOOK 756 PAGE 262

146-8 — 7 01516 — STATE FILE NUMBER

Field	Entry
1. Name (First, Middle, Last)	MARGUERITA AZALEA FORSTHOFER
2. Sex	Female
3. Death Date (Mo Day Yr)	Feb. 9, 1987
4. Race	White
5. Age - Last Birthday (Yrs)	78
8. Birthdate (Mo Day Yr)	Aug. 29, 1908
9. County of Death	Clark
10. City, Town or Location of Death	Camas
11. Place of Death / Hospital or Other Institution Name	Highland Terrace Nursing Center
Received Emergency Care	No
12. Birth State (if not in USA give country)	Montana
14. Citizen of What Country	U.S.A.
15. Married, Never Married, Widowed, Divorced	Widowed
16. Spouse	
17. Was Decedent Ever in U.S. Armed Forces?	No
18. Social Security No.	387-22-1868
19. Usual Occupation	Homemaker
20. Kind of Business or Industry	At Home
21. Residence - Number and Street	M.P. 0.15R Nielson Rd.
22. City/Town or Location	Skamania
23. Inside City Limits (Yes/No)	No
24. County	Skamania
25. State	Washington
26. Father - Name	Adolfus White
27. Mother - Maiden Name	Anna Nelson
28. Informant - Name	Dr. Raymond White - Nephew
29. Mailing Address	N63W 15328 Pocahontas Dr., Menomonee Falls, WI 53051
30. Burial, Cremation, Removal, Other	Entombment
31. Date (Mo Day Yr)	Feb. 13, 1987
32. Cemetery/Crematory - Name	Riverview Abbey
33. Location - City/Town, State	Portland, Oregon
34. Funeral Director Signature	X (signature)
35. Name of Facility	Straub's Funeral Home
36. Address of Facility	325 N. E. 3rd Ave. Camas, WA 98607

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. 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 Cyril S Dodge MD

38. Date Signed (Mo Day Yr): Feb 12, 1987

39. Hour of Death (24 Hrs): 12:50P.M.

40. Name and Title of Attending Physician if Other Than Certifier (Type or Print):

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

42. Date Signed (Mo Day Yr): 43. Hour of Death (24 Hrs):

44. Pronounced Dead (Mo Day Yr): 45. Hour Pronounced Dead (24 Hrs):

46. Name and Address of Certifier (Physician, Medical Examiner or Coroner) (Type or Print): Cyril S. Dodge, M.D. - 700 N. E. 87th Ave., Vancouver, WA 98664

47. Immediate Cause (Enter only one cause per line for (a), (b) and (c))

	Cause	Interval Between Onset and Death
(A)	Metastatic Lung CANCER	2-3 years
(B) Due to, or as a consequence of	Cigarette Smoking	? years
(C) Due to, or as a consequence of		

48. Other Significant Conditions: Hypertension/Degenerative Arthritis

49. Autopsy (Yes/No): No

50. Accident, Suicide, Homicide, Undet. or Pending Invest. (Specify): 51. Injury Date (Mo Day Yr): 52. Hour of Injury (24 Hrs): 53. Describe How Injury Occurred:

55. Injury at Work? (Yes/No): 56. Place of Injury - At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify): 57. Location - Street or RFD No., City/Town, State:

58. Registrar Signature: X (signature)

59. Date Received (Mo Day Yr): FEB 13 1987

FOR STATE REGISTRAR USE ONLY — 60. Item — Documentary Evidence: — Reviewed By: — Date — Item — Documentary Evidence: — Reviewed By: — Date

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

MAR 29 10 58 AM '96

(signature)
AUDITOR
GARY M. OLSON

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THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (8/95)

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CERTIFIED
(signature)
TERESA S. JENNINGS
STATE REGISTRAR
OF VITAL RECORDS
MAR 20 1995
DO NOT DESTROY

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