

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

124904

VITAL RECORDS
CERTIFICATE OF DEATH

BOOK 156 PAGE 262
7 01516

IF DEATH OCCURRED IN INSTITUTION SEE
BOOK 156 REGARDING COMPLETION OF
RESIDENCE ITEM 1.

COMPLETION OF ANY WHICH GAVE RISE TO
HABITUAL CAUSE STATING UNDERLYING
CAUSE LAST.

FOR STATE
REGISTRAR
USE ONLY

LOCAL FILE NUMBER 1527		STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES VITAL RECORDS CERTIFICATE OF DEATH		BOOK 156 PAGE 262 7 01516	
1. NAME FIRST, MIDDLE, LAST MARGUERITA AZALEA FORSTHOFFER		2. SEX Female		3. DEATH DATE (MO DAY YR) Feb. 9, 1987	
4. RACE (WHITE, BLACK, A.S. IND. SPECIFY) White		5. AGE - LAST BIRTH DAY (YR) 78		6. UNDER 1 YEAR MO. DAYS Aug. 29, 1908	
7. BIRTH DATE (MO DAY YR) Aug. 29, 1908		8. COUNTY OF DEATH Clark		9. STATE FILE NUMBER	
10. CITY, TOWN OR LOCATION OF DEATH Camas		11. PLACE OF DEATH (B. DON FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) Highland Terrace Nursing Center		12. RECEIVED EMERGENCY SERVICE (Y/N) No	
13. BIRTH STATE (IF NOT IN U.S.A. GIVE COUNTRY) Montana		14. CITIZEN OF WHAT COUNTRY U.S.A.		15. WAS ONE SERVING WITH U.S. ARMED FORCES (Y/N) No	
16. SOCIAL SECURITY NO. 387-22-1868		17. OCCUPATION FIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE (EVEN IF RETIRED) Homemaker		18. KIND OF BUSINESS OR INDUSTRY Home	
19. MARITAL STATUS (MARRIED, WIDOWED, DIVORCED) Widowed		20. CITY/TOWN OR LOCATION Skamania		21. ZIP CODE 98607	
22. CITY/TOWN OR LOCATION Skamania		23. STATE Washington		24. CITY/TOWN OR LOCATION Skamania	
25. FATHER'S NAME FIRST, MIDDLE, LAST Adolfus White		26. MOTHER'S NAME FIRST, MIDDLE, LAST Anna Nelson		27. CITY/TOWN OR LOCATION Skamania	
28. INFORMANT'S NAME Dr. Raymond White - Nephew		29. MAILING ADDRESS N63W 15328 Pocahontas Dr., Menomonee Falls, WI 53051		30. DATE OF DEATH Feb. 13, 1987	
31. DATE (MO DAY YR) Feb. 13, 1987		32. CEMETERY (NAME) Riverview Abbey		33. LOCATION (CITY/TOWN, STATE) Portland, Oregon	
34. FUNERAL DIRECTOR'S SIGNATURE [Signature]		35. NAME OF FACILITY Straub's Funeral Home		36. ADDRESS OF FACILITY 325 N. E. 3rd Ave. Pas. WA 98607	
37. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN SIGNATURE AND TITLE [Signature] M.D.		38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER SIGNATURE AND TITLE [Signature] M.D.		39. DATE SIGNED (MO DAY YR) Feb. 12, 1987	
40. NAME AND TITLE OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFYING PHYSICIAN) Cyril S. Dodge, M.D. - 700 N. E. 87th Ave., Vancouver, WA 98664		41. HOUR OF DEATH (MO DAY YR) 12:50P.M.		42. HOUR OF DEATH (MO DAY YR)	
43. 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		44. HOUR OF DEATH (MO DAY YR)		45. HOUR OF DEATH (MO DAY YR)	
46. IMMEDIATE CAUSE (A) Metastatic Lung CANCER		47. IMMEDIATE CAUSE (B) Cocaine Smoking		48. IMMEDIATE CAUSE (C) Hypertension/Degenerative Arteritis	
49. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATABLE CAUSE GIVEN ABOVE Hypertension/Degenerative Arteritis		50. AUTOPSY (Y/N) No		51. DATE RECEIVED (MO DAY YR) FEB 13 1987	
52. INJURY AT WORK (Y/N) No		53. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)		54. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE	
55. INJURY AT WORK (Y/N) 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 [Signature]		59. DATE RECEIVED (MO DAY YR) FEB 13 1987		60. ITEM DOCUMENTARY EVIDENCE	
60. ITEM DOCUMENTARY EVIDENCE		61. REVIEWED BY: [Signature]		62. DATE FEB 13 1987	

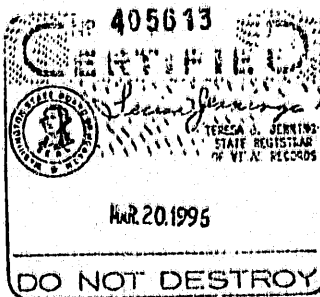


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