

MISCELLANEOUS RECORD G

SKAMANIA COUNTY

ENGINEERING DATA
O.K. MGW.

Chas. J. Bartholet
State Supervisor of Water Resources

(Seal affixed)

Filed for record June 11, 1953 at 1-30 p.m. by State of Washington.

John C. Wachter
Skamania County Auditor *er*

No. 45677

State of Washington to Longview Y.M.C.A.

Permit No. 3450

Certificate Record No. 11, Page 5253
State of Washington, County of Skamania

CERTIFICATE OF SURFACE WATER RIGHT

This is to certify that LONGVIEW YOUNG MEN'S CHRISTIAN ASSOCIATION of Longview, State of Washington, has made proof to the satisfaction of the State Supervisor of Water Resources of Washington, of a right to the use of the waters of Margaret Creek, a tributary of Spirit Lake, with point or points of diversion within the SE $\frac{1}{4}$ or NW $\frac{1}{4}$ of Sec. 1, Twp. 9 N., R. 5 E.W.M., under and subject to provisions contained in Appropriation Permit No. 3450 issued by the State Supervisor of Water Resources, and that said right to the use of said waters has been perfected in accordance with the laws of Washington, and is hereby confirmed by the State Supervisor of Water Resources of Washington and entered of record in Volume 11, at Page 5253, on the 25th day of June, 1953 that the priority date of the right hereby confirmed is April 11, 1941; that the amount of water under the right hereby confirmed, for the following purposes is limited to an amount actually beneficially used and shall not exceed 0.01 of a cubic foot per second for the purpose of domestic supply.

A description of the lands under such right to which the water right is appurtenant, and the place where such water is put to beneficial use, is as follows:

Lots 8 and 9 in Sec. 1, Twp. 9 N., Rge. 5 E.W.M.

The right to the use of the water aforesaid hereby confirmed is restricted to the lands or place of use herein described, except as provided in Sections 6 and 7, Chapter 122, Laws of 1929.

WITNES the seal and signature of the State Supervisor of Water Resources affixed this 25th day of June, 1953.

ENGINEERING DATA
O.K. MGW

(Seal affixed)

Chas J. Bartholet
State Supervisor of Water Resources

Filed for record July 2, 1953 by State of Washington.

John C. Wachter
Skamania County Auditor *er*

45999

Mary McArthur Akerman to The Public

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH

County Multnomah State Oregon State Registered No. 3397
Township or Village Local Registered No. 3472
City Portland No. 3549 S. E. Woodstock Ave., St. or
Length of residence in city or town where death occurred 15 yrs. mos. da. Ward
How long in U.S., if of foreign birth? yrs. mos. da.

2. FULL NAME

Mary McArthur Akerman
(a) Residence: No. 3549 S.E. Woodstock St.,

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female, 4. COLOR OR RACE White 5. Single, Married. Widowed 6. DATE OF BIRTH April 8, 1911
or Divorced da. If married, widowed or divorced HUSBAND or (or) WIFE: Element
7. AGE Years Months Days If less than 1 day, hrs or min.

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SKAMANIA COUNTY

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8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done as silk mill, sawmill, bank etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) Chillicothe (State or country) Ohio
13. NAME William Madeira
14. BIRTHPLACE (city or town) (State or country) Ohio
15. MAIDEN NAME Mary McArthur
16. BIRTHPLACE (city or town) (State or country) Ohio
17. INFORMANT Clement Akerman (Address) 3549 S.E. Woodstock
18. CREMATION Place Portland, Crem. Date Oct. 9 1937
19. UNDERTAKER J.P. MINLEY & SON J.C. Setzer (Address) Portland, Ore.
20. Filed Oct - 9 1937 Rudolph Weinzirl, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/8, 1937
22. I HEREBY CERTIFY, That I attended deceased from April -- 1937, to Oct. 8, 1937, that I last saw her alive on Oct. 7, 1937, death is said to have occurred on the date/above, at 11.25 a.m. The principal cause of death and related causes of importance in order of onset were as follows:
- Obstructive Jaundice Date of onset 6 wks
Acute Myelitis 1 week
- Contributory cause of importance not related to principal cause:
Hypertensive caldio vascular disease 10 years
- Name of operation none Date of
What test confirmed diagnosis? -- Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide: Date of injury , 19
Where did injury occur:
Specify whether injury occurred in industry, in home, or in public place,
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased: No
If so specify
- (Signed) Charles P. Wilson M.D.
(Address) Portland, Ore.

STATE OF OREGON)
County of Multnomah) ss.

This is to certify that the foregoing is a reproduction of the original record on file in the Vital Statistics Section of the OREGON STATE BOARD OF HEALTH.

By Direction f
Harold M. Erickson, M.D.
State Health Officer

Deane L. Huxtable
State Registrar
By Lillian Doane
Title Clerk

(State Seal Affixed)

Filed for record September 21, 1933 at 9-20 a.m. by Clement Akerman.

John C. Wachtel
Skamania County Auditor

No. 46192

Anna Lindquist to The Public

WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

REG. DIST. NO. R-1

REGISTRAR'S NO. 163-R

STATE FILE NO. 15706

1. PLACE OF DEATH
a. COUNTY Clark

2. USUAL RESIDENCE
a. STATE Oregon

b. COUNTY Multnomah

b. CITY OR TOWN Vancouver c. LENGTH OF STAY

c. CITY OR TOWN Portland,

d. FULL NAME OF HOSPITAL OR INSTITUTION Kaiser Foundation Hopt.

d. STREET ADDRESS 1624 N.W. 28th