## MISCELLANEOUS RECORD G

## SKAMANIA COUNTY

Johnson Joe Company, Makers, Theoma Net 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) ll. Total time (years) spent in this occupation FATHER 12. BIRTHPLACE ( hty or town) Chillicothe 13. NAME William Madeira (State or country) Ohio 14. BIRTHPLACE (city or town) (State or country) Ohi MOTHER 15. MAIDEN NAME Mary MoArthur 16. BIRTHPLACE (city or town) (State or country) Ohi 17. INFORMANT Clement Akerman 18. CREMATION (Address) 3549 S.E. Woodstock Place Por Place Portland, Crem. Date Cat. 9 1937 19. UNDERTAILER J.P. MINLEY & SON J.C. Setzer (Address) Portland, Ore. 20. Filed Oct - 9 1937 Rudchph Weinzirl, M.D. Regist: ar MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day and year) 1.0/8, 1937 22. I HERLBY CERTIFY, That I attended deceased from April -- 1937, to Oct. 8, 1937, that I stated last saw her elive 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 couses of importance in order of onset were as follows: Date of onset Obstructive Jaundice Asato Fyelitis 6 wks 1 week Cortributory cause of importance not related to principal cause: Hyperrensive caldio vascular disease 10 years 1.0 years Name of operation none Date of What west confirmed diagnosis? -- Was the we an autopsy? No 23. If death was due to external causes (violence! fill in also the following:
Accident, suicide, or nomicide: Date of injury , 19 Accident, suicide, or nomicide: Date of injury , 19
Where did injury occur:
Specify whether injury occurred in industry, in home, or in public place, Man.er of injury Nature of injury 24. Was disease or injury ir any wav related to obsuration of deceased: (Signed) (Address) Charles P. Wilson M.D. Portlen, Ore. STATE OF OREGON County of Multnomah ) 30. This is to certify that the foregoing is a reproduction of the original record on tile in the Vital Statistics Section of the OFECON STATE BOARD OF HEALTH. By Direction f
Harold M. Erickson, M.D.
State Health Officer Domne L. Huxtable State Registrar By Lillian Doane Title Clerk (State Seal Affixed) Filed for record Septemer 21, 1953 at 9-20 a.m. by Clement Akerman. 4) achter unty Auditore Skunania County

No. 46192

Anna Lindquist to The Public

WASHIEGTON STATE DEPARTMENT OF HEALTH PUBLIC MEACH STATISTICS SECTION CERTIFICATE OF DEATH

REG. DIST. NO. R-1

REGISTRAR'S NJ. 163-R

STATE FILE NO. 15706

1. PLACE OF DEATH a. COUNTY Clark

2. UNIAL RESIDENCE a. STATE Oregon

b. COUNTY Mult nomah

b. CITY OR c. length of TOWN Valouwer TAY

o. CITY OR TOWN Portland.

d. FULL NAME OF HOSPITAL OR INSTITUTION Maider Foundation Hopt. d. STREET ADDRESS 1694 N.W. 28th

## MISCELLANEOUS RECORD G

SKAMANIA COUNTY Johnson-Cox Company, Make l. Tax-ma - 4207 NAME OF DEGEASED 4. DATE OF DEATH (Month) (Day) (Year) BUKL Linaquis t '- 1953 7.0 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, 8. DATE OF BIRTH White WIDOWED, DIVORCED. 3-24-98 SEX ACE (In years If Umder 24 Hrs. If Under lyr. Last birthday) Montha Days Fours 10a. USUAL OCCUPATION 10b. KIND OF BUSINESS OR 11. BIRTHPLACE 12. CITIZEN OF WHAT CCUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME. 15. WAS LECEASED EVER IN U.S. ARMED FORDES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH MEDICAL CERTIFICATION DISEASI, OR CONDITION DIRECTLY LEADING INTERVAL BETWEEN ONSET AND DEATE TO DEA !H a. Lyocardial Infasction (?) 1 day ANTECEDENT CAUSES Due to (b). Colorary artinosdiasir (?) years 11. OTHER SIGNIFICANT CONDUCTIONS 19a. Dale of Offeration 19b. Wajor findings of Cferation AUTOPSY Slb. PLACE OF INJURY 21c. (CIPY, TOWN OF TOWNSHIP) 21a. ACCIDENT (COUNTY) (STATE) HOMICIDE 21d. TIME OF (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED 21 f. HOW DID INJURY INJURY While at Not while OCCUR? at work 22. I hereby certify that I attended the deceased from Sept. 8, 1953, to Sept. 9, 1953, that I last saw the deceased alive on Sept. 9, 1953 and that death occured at 3:30 a.m., from the causes and on the date stated above. 23a. SIGNATURE E. Soward M.D. 23b. ADDRESS Vancouver 23c. DATE SIGNED 9-10-53 24a REMOVAL 24t. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d LOCATION DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. JUNER .L DIRECTOR 9-10-53 ADDRESS REG. Edw. L. Van Aelstyn M.D. 301 N.E. Tenth Pearson Co. THIS IS TO (FRITFY, That the foregoing is a true copy (photographic) of a record on file in the George H. Ormrod State Registrar

Public Health Statistics Section, Washington State Department of Health, Seattle, Washington. (Official Seal)

By Margaret Kente Seattle, Wash. October 19, 1953

71910

Filed for record November 6, 1953 at 2-25 p.m. by Arthur Lindquist.

Auditor cal County

No. 46195

State of Washington to R. S. & R. R. SAMPSON

CERTIFICATE RECORD NO. 11, PAGE NO. 5488 STATE OF WASHINGTON COUNTY OF Skamania CERTIFICATE OF SURFACE WATER RIGHT

This is to certify that R. S. & R. R. SAMPSON of Washougal, State of Washington, has hade proof to the satisfaction of the State Supervisor of Water Resources of Washington, of a right to the use of the waters of an uncamed stream, a tributary of columbia River, with cint or points of diversion within the NEt of NW of Sec. 10, Twp. 1 N., R. 5 E., W.M., under and subject to provisions contained in Appropriation Fermit No. 4903 issued by 3 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 rocord in Volume 11, at lage 5488, on the 5th day of November, 1953 that the priority date of the night hareby confirmed is September 14, 1945, that the amount of water under the right hereby confirmed, for the following purposes is limited n amount actually beneficially used and shall not exect of 3 of a cubic foot per second for the purpose of the irrigation of 23 ac-