RACE (e.g. White, Black, American Indian, etc.)	3. White
SEX	4. Female
AGE—Last Birthday (Years)	5a. 79
DATE OF BIRTH	6. March 3, 1900
COUNTY OF DEATH	7a. Multnomah
CITY, TOWN OR LOCATION OF DEATH	7b. Portland
HOSPITAL OR OTHER INSTITUTION	7c. Bess Kaiser Hospital
STATE OF BIRTH (If not in U.S.A., name country)	8. Oregon
CITIZEN OF WHAT COUNTRY	9. USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	10. Married
SURVIVING SPOUSE	11. A. S. Wood
WAS DECEDENT EVER IN U.S. ARMED FORCES	12. No
SOCIAL SECURITY NUMBER	13. 535-30-5962
USUAL OCCUPATION	14a. Housewife
KIND OF BUSINESS OR INDUSTRY	14b. Home
RESIDENCE—STATE	15a. Washington
COUNTY	15b. Clark
CITY, TOWN, OR LOCATION	15c. Vancouver
STREET AND NUMBER OR R.F.D.	15d. 3909 T Street 98663
INSIDE CITY LIMITS (Specify Yes or No)	15e. Yes
FATHER—NAME First Middle Last	16. Charles Paehler
MOTHER—Maiden Name First Middle Last	17. Annie Langford
INFORMANT—NAME AND RELATIONSHIP TO DECEASED	18a. A.S. Wood - Husband
BURIAL, CREMATION, REMOVAL, TRANS. (Specify)	19a. Burial
CEMETERY OR CREMATORY—NAME	19b. Skyline Memorial Park
LOCATION City, town, state	19c. Portland, Oregon
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)	20a. [signature]
NAME AND ADDRESS OF FACILITY	20b. Evergreen Staples Funeral Chapel 3700 St.Johns Rd.Vancouver,Wa 98661
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	21a. M. B[illegible] M.D.
DATE SIGNED (Mo., Day, Yr.)	21b. 5/2/79
HOUR OF DEATH	21c. 1200
NAME AND ADDRESS OF CERTIFIER (Type or Print)	21d. Michael R. Blahuta, M.D. 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.)	22a. MAY 4 1979
REGISTRAR (Signature)	22b. [signature]

23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

	Cause	Interval between onset and death
PART I (a)	cardiogenic shock	~12 hours
DUE TO, OR AS A CONSEQUENCE OF: (b)	myocardial infarction	
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): hypertension

AUTOPSY (Specify Yes or No) 24. No

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 25. Yes

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a	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. NO.	CITY OR TOWN	STATE
26e	26f	26g			

RESERVED FOR REGISTRAR'S USE

VS-II Rev-1-78

STATE OF OREGON)
COUNTY OF MULTNOMAH)

Date MAY 4 1979

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

[signature]
Registrar of Vital Statistics

(Seal)

MAY 1979
RECEIVED
SKAMANIA COUNTY
AUDITOR
STEVENSON, WASH.