

MULTNOMAH		MALE		JAN 12, 1977	
White		Female		67	
January 7, 1912		Portland		Emmanuel Hospital	
U.S.A.		U.S.A.		John R. Eastrom	
541-16-9136		Homemaker		Own Home	
Washington		Skamania		Carson	
Lyman Earl Jones		Hosebar, Florence Jones		John R. Eastrom, Husband	
Burial		Wind River Cemetery		Carson, Washington	
GARDNER FUNERAL HOME, INC.		White Salmon, Wa. 98672			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR		MAY 25 1979	
IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
(a) Infiltrating inflammatory carcinoma of right breast				4 years	
(b) DUE TO, OR AS A CONSEQUENCE OF: with metastases				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER	
38a No		24 No		25 (Specify Yes or No) No	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
39a No		26a		STREET OR R.D. NO. CITY OR TOWN STATE	

STATE OF OREGON)
 COUNTY OF MULTNOMAH

Date MAY 25 1979

I hereby certify that the foregoing is a reproduction of the original record of the Multnomah County Division of Public Health.



[Signature]
 Registrar of Vital Statistics

89738

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

K PAGE 202

Local File Number
CERTIFICATE OF DEATH

DECLARED—NAME		First	Middle	Last	DATE OF BIRTH (month, day, year)
HENRIETTA MAE BASTROM					May 12, 1979
RACE (Specify)	White	SEX	Female	AGE—Last birthday (years)	67
CITY OF DEATH	Multnomah	CITY, TOWN OR LOCATION OF DEATH	Portland	HOSPITAL OR OTHER INSTITUTION—Name (if not in 7c, give street and number)	Emmanuel Hospital
STATE OF BIRTH (if not in U.S.A., name country)	Washington	CITY, TOWN OR LOCATION OF BIRTH	U.S.A.	SPOUSE (IF MARRIED, WIDOWED, DIVORCED, SEPARATED, or REMARRIED)	John R. Bastrom
SOCIAL SECURITY NUMBER	541-16-9136	USUAL OCCUPATION (give kind of work done during most of waking life, even if retired)	Homemaker	PLACE OF BIRTH (month, day, year)	January 7, 1912
RESIDENCE—STATE	Washington	COUNTY	Skamania	14b Own Home	
CITY, TOWN OR LOCATION	Carson	STREET AND NUMBER OR R.F.D., ZIP	Box 534	15b 100	
INFORMANT—NAME and relationship to deceased	John R. Bastrom, Husband				
BURIAL, CREMATION, REMOVAL, MAUSOLEUM, (Specify)	Burial				
CEMETERY OR CREMATORY—NAME	White River Cemetery				
LOCATION	Carson, Washington				
FUNERAL SERVICE LICENSEE (Person Acting As Such) (Signature)	GARDNER FUNERAL HOME, INC. White Salmon, Wa. 98672				
DATE SIGNED (Mo., Day, Yr.)	5/22/79				
HOUR OF DEATH	0435				
CERTIFIER—NAME AND TITLE (Type or Print)	Leroy E. Grosbong MD				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	2000 N. Vancouver Ave. Portland, Ore. 97227				
RECEIVED BY REGISTRAR (Mo., Day, Yr.)	MAY 25 1979				
IMMEDIATE CAUSE	Infiltrating inflammatory carcinoma of right breast with metastases				
INTERVAL BETWEEN ONSET AND DEATH	4 years				
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in (a)					
ACCIDENT (Specify Yes or No)	No				
DATE OF INJURY (Mo., Day, Yr.)					
HOUR OF INJURY					
DESCRIBE HOW INJURY OCCURRED					
INJURY AT WORK (Specify Yes or No)	No				
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)					
STREET OR R.F.D. NO.					
CITY OR TOWN					
STATE					

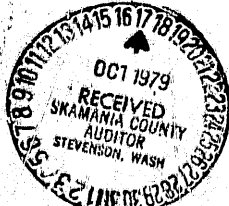
VS-1 Rev. 8-76 P-45412

STATE OF OREGON

Date MAY 25 1979

COUNTY OF MULTNOMAH

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