1. HENRIETTA MAE EASTRON
2. May 12, 1979
3. White
4. Female
5a. 67
6. January 7, 1912
7a. Multnomah
7b. Portland
7c. Emanuel Hospital
7d. Inpatient
8. Washington
9. U.S.A.
10. Married
11. John R. Eastron
12. No
13. 541-16-9136
14a. Homemaker
14b. Own Home
15a. Washington
15b. Skamania
15c. Carson
15d. Box 534
15e. Yes
16. Lyman Earl Jones
17. Mosebar, Florence Jones
18. John R. Eastron, Husband
19a. Burial
19b. Wind River Cemetery
19c. Carson, Washington
20. GARDNER FUNERAL HOME, INC. White Salmon, Wa. 98672
21b. 5/22/79
21c. HOUR OF DEATH 0435
21d. Leroy E. Goeshone, MD. 2800 N. Vancouver Ave. Portland, Ore. 97227
22a. DATE RECEIVED BY REGISTRAR: MAY 2 5 1979

23. IMMEDIATE CAUSE

PART I (a) Infiltrating inflammatory carcinoma of right breast with metastases — Interval between onset and death: 4 years

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24. AUTOPSY (Specify Yes or No): No
25. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No
26a. ACCIDENT (Specify Yes or No): No
26b. DATE OF INJURY
26c. HOUR OF INJURY
26d. DESCRIBE HOW INJURY OCCURRED
26e. INJURY AT WORK (Specify Yes or No): No
26f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
26g. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

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STATE OF OREGON)
COUNTY OF MULTNOMAH)

Date MAY 2 5 1979

This is to certify that the foregoing is a reproduction of the original record on file with the Multnomah County Division of Public Health.

Registrar of Vital Statistics

OCT 1979 RECEIVED SKAMANIA COUNTY AUDITOR STEVENSON, WASH.

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

BOOK K PAGE 202

89738
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last: 1 HENRIETTA MAE BASTROM	DATE OF DEATH (month, day, year): 2 May 12, 1979
RACE White, Black, American Indian, etc. (specify): 3 White	SEX: 4 Female
AGE—Last birthday (years): 5a 67	Under 1 year (mos., days): 5b — Under 1 day (hours, min.): 5c
DATE OF BIRTH (month, day, year): 6 January 7, 1912	
COUNTY OF DEATH: 7a Multnomah	CITY, TOWN OR LOCATION OF DEATH: 7b Portland
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7c Emanuel Hospital	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): 7d Inpatient
STATE OF BIRTH (If not in U.S.A., name country): 8 Washington	CITIZEN OF WHAT COUNTRY: 9 U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married	SPOUSE (IF MARRIED, WIDOWED): 11 John R. Bastrom
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12 No	SOCIAL SECURITY NUMBER: 13 541-16-9136
USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 14a Homemaker	KIND OF BUSINESS OR INDUSTRY: 14b Own Home
RESIDENCE—STATE: 15a Washington	COUNTY: 15b Skamania
CITY, TOWN, OR LOCATION: 15c Carson	STREET AND NUMBER OR R.F.D., ZIP: 15d Box 534
Inside City Limits (specify yes or no): 15e Yes	
FATHER—NAME first middle last: 16 Lyman Earl Jones	MOTHER—Maiden Name first middle last: 17 Mosebar, Florence Jones
INFORMANT—NAME and relationship to decedent: 18 John R. Bastrom, Husband	
BURIAL, CREMATION, REMOVAL, OTHER (specify): 19a Burial	CEMETERY OR CREMATORY—NAME: 19b Wind River Cemetery
LOCATION city or town, state: 19c Carson, Washington	
FUNERAL SERVICE LICENSEE OR person Acting As Such (Signature): 20a [signature]	NAME AND ADDRESS OF FACILITY: 20b GARDNER FUNERAL HOME, INC. White Salmon, Wa. 98672
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature): [signature]	DATE SIGNED (Mo., Day, Yr.): 21b 5/22/79
HOUR OF DEATH: 21c 0435 M	
CERTIFIER—NAME AND TITLE (Type or print): 21d Leroy E. Groshong, MD	MAILING ADDRESS (Street, city or town, state, zip): 2800 N. Vancouver Ave. Portland, Ore. 97227
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a MAY 25 1979	REGISTRAR 23b (Signature): [signature]

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

PART I	Cause	Interval between onset and death
(a)	Infiltrating inflammatory carcinoma of right breast with metastases	4 years
DUE TO, OR AS A CONSEQUENCE OF: (b)		
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)	
AUTOPSY (Specify Yes or No): 24 No	WAS CASE REFERRED TO MEDICAL EXAMINER: 25 (Specify Yes or No) No
ACCIDENT (Specify Yes or No): 26a No	DATE OF INJURY (Mo, Day, Yr): 26b
HOUR OF INJURY: 26c M	DESCRIBE HOW INJURY OCCURRED: 26d
INJURY AT WORK (Specify Yes or No): 26e No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 26f
LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE: 26g	

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STATE OF OREGON)

COUNTY OF MULTNOMAH) Date MAY 25 1979

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[signature]
Registrar of Vital Statistics

(Seal)