

01101

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

BOOK K

PAGE 273

CERTIFICATE OF DEATH

Local File Number		State File Number	
DECEASED—NAME FIRST MIDDLE LAST HERBERT CLAGETT HARDING		DATE OF DEATH (MO/DA, DAY, YEAR) September 30, 1979	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		DATE OF BIRTH (MONTH, DAY, YEAR) April 28, 1918	
SEX Male		AGE—LAST BIRTHDAY (YEARS) 61	
COUNTY OF DEATH Multnomah		CITY, TOWN, OR LOCATION OF DEATH Portland	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Colorado		CITIZEN OF WHAT COUNTRY U.S.A.	
SOCIAL SECURITY NUMBER [REDACTED]		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF YOUNG LIFE, EVEN IF RETIRED) Physician		SPOUSE, IF MARRIED, WIDOWED Imogene M.	
RESIDENCE—STATE Oregon		COUNTY Multnomah	
CITY, TOWN, OR LOCATION Portland		STREET AND NUMBER OR R.F.D. 4160 S.W. Patrick Place	
FATHER—NAME FIRST MIDDLE LAST Herbert L. Harding		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Elizabeth Clagett	
BURIAL, CREMATION, REMOVAL, ETC. (SPECIFY) Cremation		CEMETERY OR CREMATORY—NAME The Arbor Crematorium	
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE Michael M. Marquette		LOCATION CITY OR TOWN STATE Portland Oregon	
CERTIFICATION—MEDICAL EXAMINER I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED DESCRIBED ABOVE, AND IN MY JUDGMENT THE DEATH RESULTED OR ON ABOUT: 21A DEATH OCCURRED (MONTH, DAY, YEAR) ? P. M. 11B Sept. 30, 1979 4:59 P. M.		FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER—SIGNATURE Ronald L. O'Halloran M.D.		NAME—(TYPE OR PRINT) RONALD L. O'HALLORAN, M.D.	
DATE SIGNED (MONTH, DAY, YEAR) October 2, 1979		DATE RECEIVED BY REGISTRAR (MO, DAY, YR.) OCT 5 1979	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) ARTERIOSCLEROTIC HEART DISEASE.		INTERVAL BETWEEN DEATH AND DEATH	
(b) DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN DEATH AND DEATH	
(c) DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN DEATH AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (SPECIFY YES OR NO) YES	
DATE OF INJURY (MONTH, DAY, YEAR) 25A		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 21) 25C	
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25B		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25D	
RESERVED FOR REGISTRAR'S USE 25E			

STATE OF OREGON

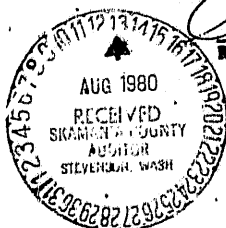
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Date **OCT 5 1979**

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.

(Seal)



Registrar of Vital Statistics

91101

BOOK

14

PAGE 274

FORECLOSURE REPORT
DESCRIPTION
SK-12041PARCEL NO. 1

THE NORTH HALF OF THE NORTHEAST QUARTER, AND THE EAST HALF OF THE NORTHWEST QUARTER OF SECTION 6, TOWNSHIP 1 NORTH, RANGE 5, EAST OF THE WILLAMETTE MERIDIAN;

EXCEPT THAT PORTION OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF THE SAID SECTION 6, LYING EASTERLY AND NORTHERLY OF SECONDARY STATE HIGHWAY NO. 8-B;

AND EXCEPT A TRACT OF LAND CONVEYED TO IDA B. PARKER BY DEED DATED MAY 19, 1925, AND RECORDED MAY 20, 1925, AT PAGE 273 OF BOOK "U" OF DEEDS, RECORDS OF SKAMANIA COUNTY, WASHINGTON;

AND EXCEPT A TRACT OF LAND CONVEYED TO FRANK C. EBERLE BY DEED DATED MARCH 18, 1926, AND RECORDED MAY 20, 1935, AT PAGE 206 OF BOOK "Y" OF DEEDS, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

PARCEL NO. 2

A TRACT OF LAND LOCATED IN THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 6, TOWNSHIP 1 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT IN THE CENTER OF SECONDARY STATE HIGHWAY NO. 8-B 137.5 FEET NORTH 46° 05' WEST FROM THE INTERSECTION OF THE CENTER LINE OF SAID HIGHWAY WITH THE EASTERLY LINE OF A TRACT OF LAND CONVEYED TO IDA B. PARKER BY DEED DATED MAY 19, 1925, AND RECORDED AT PAGE 273 OF BOOK "U" OF DEEDS, RECORDS OF SKAMANIA COUNTY, WASHINGTON; THENCE SOUTH 62° WEST 333 FEET; THENCE SOUTH 02° 34' WEST 90 FEET TO THE SOUTHERLY LINE OF THE SAID TRACT CONVEYED TO IDA B. PARKER; THENCE SOUTH 87° 26' EAST TO INTERSECTION WITH CENTER LINE OF SAID SECONDARY STATE HIGHWAY NO. 8-B; THENCE FOLLOWING THE CENTERLINE OF SAID HIGHWAY IN A NORTHWESTERLY DIRECTION TO THE POINT OF BEGINNING.

PARCEL NO. 3

ALL THAT PORTION OF THE SOUTHEAST QUARTER OF SECTION 31, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, LYING SOUTHERLY OF THE CENTER OF THE WASHOUGAL RIVER.

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

BOOK K

PAGE 273

CERTIFICATE OF DEATH

Local File Number		State File Number	
DECEASED—NAME FIRST MIDDLE LAST		DATE OF DEATH (MONTH, DAY, YEAR)	
HERBERT CLAGETT HARDING		September 30, 1979	
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. SPECIFY)	SEX	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR UNDER 1 DAY
White	Male	61	DATE OF BIRTH (MONTH, DAY, YEAR)
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)
Multnomah	Portland	2943 N.W. Kearney	DATE OF DEATH (MONTH, DAY, YEAR)
STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SPOUSE (IF MARRIED, WIDOWED)
Colorado	U.S.A.	Married	Imogene M.
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
	Physician	Internal Medicine	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.
Oregon	Multnomah	Portland	4160 S.W. Patrick Place
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	INFORMANT—NAME AND RELATIONSHIP TO DECEASED
Herbert L. Harding		Elizabeth Clagett	Imogene M. Harding—wife
BURIAL CREMATION, REMOVAL, MAUS, (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	
Crementation	The Arbor Crematorium	Portland Oregon	
FURNERAL SERVICE LICENSED OR PERSON ACTING AS NAME AND ADDRESS OF FACILITY			
The ARBOR 1410 S.W. Jefferson St. Portland, Ore. 97201			
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:			
DEATH OCCURRED (THE DECEASED WAS PRONOUNCED DEAD)		FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/>	
2 P. M. 21B Sept. 30, 1979 4:59 P. M. 21C		MURDER <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER—SIGNATURE		NAME—(TYPE OR PRINT)	
Ron O'Halloran M.D.		RONALD L. O'HALLORAN, M.D.	
MEDICAL EXAMINER		DATE SIGNED (MONTH, DAY, YEAR)	
STATE OF OREGON		October 2, 1979	
DATE RECEIVED BY REGISTRAR (MO, DAY, YR.)		SIGNATURE	
OCT 5 1979			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) ARTERIOSCLEROTIC HEART DISEASE.			
(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)			
DATE OF INJURY (MONTH, DAY, YEAR) HOUR			
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)			
INJ. AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)			
RESERVED FOR REGISTRAR'S USE			

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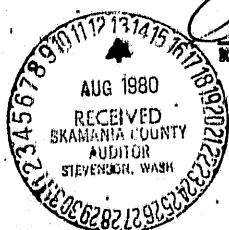
STATE OF OREGON

Date OCT 5 1979

COUNTY OF MULTNOMAH

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Registrar of Vital Statistics

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BOOK 16

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