

95722

CERTIFICATE OF DEATH

BOOK K PAGE 496

Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK

FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

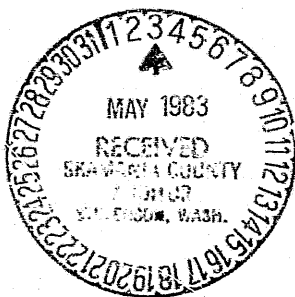
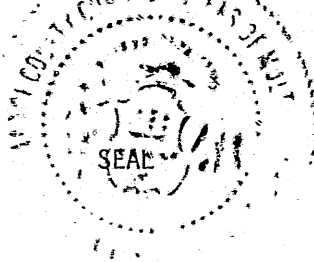
Local File Number		State File Number	
DECEASED—NAME First Middle Last Sarah J. EMERSON		DATE OF DEATH (month, day, year) 07 Apr 1983	
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX Female	3 AGE—Last birthday (years) 71	4 Under 1 year Under 1 day
5 CITY, TOWN OR LOCATION OF DEATH Portland	6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Good Samaritan	7 IF HOSP OR INST indicate DOA OP Emer Rm. Inpatient (Spec Y) Inpatient	8 COUNTY OF DEATH Multnomah
9 STATE OF BIRTH (If not in U.S.A., name country) Canada	10 CITIZEN OF WHAT COUNTRY U.S.A.	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	12 SPOUSE (IF MARRIED, WIDOWED) Elmo Emerson
13 SOCIAL SECURITY NUMBER		14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
15 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker		16 KIND OF BUSINESS OR INDUSTRY Own Home	
17 RESIDENCE—STATE Washington	18 COUNTY Skamania	19 CITY, TOWN, OR LOCATION North Bonneville	20 STREET AND NUMBER OR R.F.D., ZIP 703 Fort Rains 98639
21 FATHER—NAME first middle last John - Burd		22 MOTHER—Maiden Name first middle last Snelgrove Jean - Burd	
23 INFANT—NAME and relationship to deceased Elmo Emerson, Husband		24 LOCATION city or town state Portland, Oregon	
25 BURIAL, CREMATION, REMOVAL, MAUS. (specify) CREMATION		26 CEMETERY OR CREMATORY—Name Little Chapel of Chimes	
27 FUNERAL SERVICE LICENSEE OF Person Acting As Such (Signature) R. D. Dierckx		28 NAME AND ADDRESS OF FACILITY GARDNER FUNERAL HOME, INC. White Salmon, WA	
29 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) R. Ellerby, M.D.		21b DATE SIGNED (Mo. Day, Yr) 4-18-83	
21c NAME AND ADDRESS OF CERTIFIER (Type or Print) R. Ellerby, M.D. 1015 N.W. 22nd Portland, Oregon		21d HOUR OF DEATH 2219 M	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21f DATE RECEIVED BY REGISTRAR (Mo. Day, Yr) APR 20 1983	
21g REGISTRAR [Signature]		21h IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
21i PART I (a) (b) (c) 1. (a) Metastatic Breast Cancer. DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death	
21j PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) ACCIDENT (Specify Yes or No) NO		21k AUTOPSY (Specify Yes or No) NO	
21l DATE OF INJURY (Mo. Day, Yr) 26b		21m HOUR OF INJURY 26c	
21n PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		21o DESCRIBE HOW INJURY OCCURRED 26d	
21p INJURY AT WORK (Specify Yes or No) NO		21q LOCATION 26g	
21r STREET OR R.F.D. NO		21s CITY OR TOWN	
21t STATE		21u WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) NO	
RESERVED FOR REGISTRAR'S USE			

STATE OF OREGON
COUNTY OF MULTNOMAH

Date APR 20 1983

HS-2 (Rev. 1/80)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.



Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS