100618

BOOK 100 PAGE 211

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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

Local File Number — State File Number

1. DECEASED—NAME (First, Middle, Last)	Lorraine L THOMSON
2. DATE OF DEATH (month, day, year)	October 22, 1985
3. RACE White, Black, American Indian, etc. (Specify)	White
4. SEX	Female
5a. AGE—Last birthday	64 Yrs.
6. DATE OF BIRTH (month, day, year)	April 27, 1921
7a. CITY, TOWN OR LOCATION OF DEATH	Portland
7b. HOSPITAL OR OTHER INSTITUTION—NAME	9351 SW 26th Ave.
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	—
7d. COUNTY OF DEATH	Multnomah
8. STATE OF BIRTH	Wisconsin
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married
11. SPOUSE (If married, widowed)	Marshall W.
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?	No
13. SOCIAL SECURITY NUMBER	[redacted]
14a. USUAL OCCUPATION	Homemaker
14b. KIND OF BUSINESS OR INDUSTRY	Own Home
15a. RESIDENCE—STATE	Oregon
15b. COUNTY	Lane
15c. CITY, TOWN OR LOCATION	Springfield
15d. STREET AND NUMBER OR RFD, ZIP	1560 N. 7th St. 97477
15e. INSIDE CITY LIMITS (Specify yes or no)	Yes
16. FATHER—NAME	Will Ray
17. MOTHER—NAME (Maiden Name)	Kathryn Haberstich
18. INFORMANT—NAME and relationship to deceased	Marshall W. Thomson Husband
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Burial
19b. CEMETERY OR CREMATORY—NAME	Willamette National Cemetery
19c. LOCATION (City or town, State)	Portland, Oregon
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)	Robert W Baker
20b. NAME AND ADDRESS OF FACILITY	Young's Funeral Home 11831 SW Pacific Hwy. Tigard, Oregon 97223
21a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature)	[signature]
21b. DATE SIGNED (Mo. Day Yr.)	10/2?/85
21c. HOUR OF DEATH	11:30 p.m.
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print)	Thomas Leimert, M.D. 10180 SE Sunnyside Rd., Clackamas, Or. 97015
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. DATE RECEIVED BY REGISTRAR (Mo. Day Yr.)	OCT 31 1985
22b. REGISTRAR (Signature)	[signature]
23. PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	METASTATIC OVARIAN CARCINOMA
(b) DUE TO, OR AS A CONSEQUENCE OF	
(c) DUE TO, OR AS A CONSEQUENCE OF	
Interval between onset and death	
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 MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	yes
26a. ACCIDENT (Specify Yes or No)	
26b. DATE OF INJURY (Mo. Day Yr.)	
26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED	
26e. INJURY AT WORK (Specify Yes or 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)	

RESERVED FOR REGISTRAR'S USE

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ORIGINAL—VITAL STATISTICS COPY

45-2 REV 12/83

STATE OF OREGON
COUNTY OF MULTNOMAH

Date OCT 31 1985

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.

SEAL OF THE ...

JAN 1986
RECEIVED
SKAMANIA COUNTY
AUDITOR
STEVENSON, WASH.

[signature]
Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

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