

STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME First: Robert Middle: James Last: BROWN			2. SEX (M/F) Male	3. DEATH DATE (Mo. Day Yr) Sept. 20, 1992
4. AGE LAST BIRTH DAY (Yrs) 69	5. UNDER 1 YEAR None	6. UNDER 1 DAY None	7. BIRTH DATE (Mo. Day Yr) Dec. 18, 1922	8. BIRTH PLACE (City, State or Foreign Country) Moccasin, Montana
11. CITY, TOWN OR LOCATION OF DEATH White Salmon			10. COUNTY OF DEATH Klickitat	
12. PLACE OF DEATH - 30 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSIT 3. LONG TERM PR. 4. HOSP. 5. NUR HOME 6. OTHER PLACE Skyline Hospital			13. SAID TO BE IN LAST 15 YEARS? (Yes/No) Yes	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife give name) Frances Wombles		16. SOCIAL SECURITY NO [Redacted]
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Postal Carrier		20. KIND OF BUSINESS OR INDUSTRY Postal Service		21. RACE (Specify) White
22. RESIDENCE - NUMBER AND STREET 706 Fort Rains Drive		23. CITY, TOWN OR LOCATION No. Bonneville	24. INSIDE CITY LIMITS? (Yes/No) Yes	25. COUNTY Skamania
26. FATHER'S NAME - FIRST, MIDDLE, LAST George F. Brown		27. MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME Maude S. Waldron		
30. INFORMANT - NAME Frances Brown		31. MAIL NO ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP P.O. Box 192 North Bonneville, Wa. 98639		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Rem/Crem.		33. DATE (Mo. Day Yr) 9-22-1992	34. CEMETERY, CREMATORY - NAME Win-Quatt Crematory	
35. PLACING DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Anderson Funeral Home		38. ADDRESS OF FACILITY 1401 Belmont, Hood River, Or.
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i>		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i>		
40. DATE SIGNED (Mo. Day Yr) 9-21-92		41. HOUR OF DEATH (24 Hrs) 2240		45. HOUR OF DEATH (24 Hrs)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. David Dassoff, White Salmon, Wa.		46. PRONOUNCED DEAD (Mo. Day Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)
48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Robert Wymore, 1790 May St., Hood River, Oregon 97031		49. RECORDER FILE NUMBER		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (First disease or condition resulting in death) A. Myocardial Infarction B. Due to (or as a consequence of) C. Due to (or as a consequence of) D. Due to (or as a consequence of) INTERVAL BETWEEN ONSET AND DEATH 1 hr INTERVAL BETWEEN ONSET AND DEATH Dec 18 2 55 PM '92 INTERVAL BETWEEN ONSET AND DEATH GARY M. OLSON AUDITOR INTERVAL BETWEEN ONSET AND DEATH				
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Natural Causes			52. AUTOPSY (Yes/No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) NO
54. ACC. SUICIDE, HON. SUICIDE OR PENDING SUICIDE (Specify)	55. INJURY DATE (Mo. Day Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED	
58. INJURY TYPE (Type or Print) No	59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BUS, ETC (Specify)		60. LOCATION - STREET OR RFD NO, CITY/TOWN, STATE	



REGISTERED BY: *[Signature]* DATE: _____

INDEXED BY: _____

FILED BY: _____

[Signature]

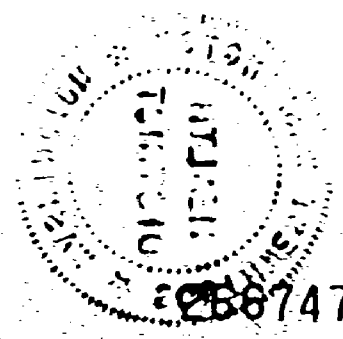
DATE RECEIVED (Mo. Day Yr)
SEP 22 1992

DOH 110-020 (Rev. 7/81) (Replaces DHE 9-158)

DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. IT IS NOT VALID UNLESS IT HAS THE OFFICIAL SEAL OF THE DISTRICT HEALTH OFFICER.

SEP 22 1992



88747 H