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

117537

BOOK 138 PAGE 464

CERTIFICATE OF DEATH

Local File Number | State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR FUNCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED NAME — First: Mary | Middle: G. | Last: ZIEGLER

2 DATE OF DEATH (month, day, year): 25 Aug 1984

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Female

5a AGE—Last Birthday (years): 55

5b Under 1 year — months:

5c Under 1 day — hours:

6 DATE OF BIRTH (month, day, year): 12 Apr 1929

7a CITY, TOWN OR LOCATION OF DEATH: Portland

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number): Providence Hospital

7c If HOSP OR INST indicate DOA, OP (Emergency Room, Inpatient) (Specify): Inpatient

7d COUNTY OF DEATH: Multnomah

8 STATE OF BIRTH (If not in USA name country): Washington

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (If MARRIED, WIDOWED): Leroy Ziegler

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: [redacted]

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Postmaster

14b KIND OF BUSINESS OR INDUSTRY: U.S. Post Office

15a RESIDENCE—STATE: Washington

15b COUNTY: Skamania

15c CITY, TOWN, OR LOCATION: Underwood

15d STREET AND NUMBER OR R.F.D., ZIP: M.P. 0.41L Little Rd. 98651

15e Inside City Limits (specify yes or no): No

16 FATHER NAME (first, middle, last): Edgar - Boyer

17 MOTHER (first, middle, last, (Maiden Name)): Elsie - Boyer (Collins)

18 INFORMANT—NAME and relationship to deceased: Leroy Ziegler, Husband

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Klickitat County District #1

19c LOCATION (city or town, state): White Salmon, WA

20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): G.P. Murphy

20b NAME AND ADDRESS OF FACILITY: GARDNER FUNERAL HOME, INC. P.O. Box 390 White Salmon, WA 98672

CERTIFIER

To be Completed by Certifying Physician Only

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated

21a (Signature): see line 21e

21b DATE SIGNED (Mo, Day, Yr): September 14, 1984

21c HOUR OF DEATH: 4:44 A M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): W.M. Mooney, M.D. 121 N.E. 102nd Portland, Oregon 97220

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): W.M. Mooney

22a DATE RECEIVED BY REGISTRAR (Mo, Day, Yr): SEP 2 1 1984

22b REGISTRAR (Signature): Arthur W. Bloom

CAUSE OF DEATH

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

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

PART I

(a) BREAST CANCER — Interval between onset and death: 10 YEARS

DUE TO, OR AS A CONSEQUENCE OF

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

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SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
SEP 30 3 05 PM '93

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): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo, Day, Yr)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED: CORONER GARY M. OLSON

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

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ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF MULTNOMAH

Date SEP 2 1 1984

45-2 REV 12-83

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.

016121

REAL ESTATE EXCISE TAX

SEP 30 1993

PAID Exempt

Deputy

SKAMANIA COUNTY TREASURER

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

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