122780

109

Local File Number

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

BOOK 151 PAGE 83

CERTIFICATE OF DEATH

State File Number

DECEDENT

- 1. DECEASED—NAME (First, Middle, Last): Janet Louise DUKE
- 2. DATE OF DEATH (month, day, year): October 18, 1979
- 3. RACE White, Black, American Indian, etc (specify): White
- 4. SEX: Female
- 5a. AGE—Last birthday (years): 33
- 5b. Under 1 year (mos / days):
- 5c. Under 1 day (hours / min):
- 6. DATE OF BIRTH (month, day, year): January 31, 1946
- 7a. COUNTY OF DEATH: Hood River
- 7b. CITY, TOWN OR LOCATION OF DEATH: Cascade Locks
- 7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 125 Hammond
- 7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): –
- 8. STATE OF BIRTH (If not in U.S.A., name country): Pennsylvania
- 9. CITIZEN OF WHAT COUNTRY: U.S.A.
- 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
- 11. SPOUSE (If MARRIED, WIDOWED): Byron Duke
- 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): Housewife
- 14b. KIND OF BUSINESS OR INDUSTRY: Own Home

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

- 15a. RESIDENCE—STATE: Oregon
- 15b. COUNTY: Hood River
- 15c. CITY, TOWN, OR LOCATION: Cascade Locks
- 15d. STREET AND NUMBER OR R.F.D., ZIP: 125 Hammond 97014
- 15e. Inside City Limits (specify yes or no): Yes
- 16. FATHER—NAME (first, middle, last): Richard Long
- 17. MOTHER—Maiden Name (first, middle, last): Doris McMurry
- 18. INFORMANT—NAME and relationship to deceased: Byron Duke---husband

DISPOSITION

- 19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
- 19b. CEMETERY OR CREMATORY—NAME: The Arbor Crematorium
- 19c. LOCATION (city or town, state): Portland Oregon
- 20a. FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): [signature]
- 20b. NAME AND ADDRESS OF FACILITY: The ARBOR 1410 S.W. Jefferson St. Portland, Ore. 97201

CERTIFIER

To Be Completed By Certifying Physician Only

- 21a. 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.): 10/23/79
- 21c. HOUR OF DEATH: Found 3:10 AM
- 21d. CERTIFIER—NAME AND TITLE (Type or print) / MAILING ADDRESS (Street, city or town, state, zip): Andrew Glass, M.D. 5055 N. Greeley Avenue Portland, Oregon 97217
- 21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
- 22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): OCT 25 1979
- 22b. REGISTRAR (Signature): Marjorie J. Talley

CAUSE OF DEATH

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

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

- (a) Metastatic Carcinoma of Breast (L) — Interval between onset and death: 2 yrs
- (b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
- (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): Yes
- 25. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): YES
- 26a. ACCIDENT (Specify Yes or No): no
- 26b. DATE OF INJURY (Mo., Day, Yr.):
- 26c. HOUR OF INJURY: M
- 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

Item #2 corrected by supplemental Report VS-26, #1, October 25, 1979 MJT

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

JUL 14 1 23 PM '95

P. Lowry
AUDITOR
GARY M. OLSON

VS-2 Rev 6-78 P-68412

Gary H. Martin, Skamania County Assessor
Date 7/14/95 Parcel # 2-6-26 D 1003 1004

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

STATE OF OREGON
COUNTY OF HOOD RIVER

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

Marjorie J. Talley
Registrar of Vital Statistics

October 25, 1979
Date

Registered ✓
Indexed, Gir ✓
Indirect ✓
Filmed
Mailed

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT