

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

123182

BOOK 152 PAGE 110



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE ON FRONT IN INK IN EACH BOX

23

LOCAL FILE NUMBER

OFFICE
FILE
BOOK

D-2

DEPT

DEPT

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DEPT

DEPT

1 NAME First: Marian Last: Linton Middle: RHODE		2 SEX (M / F) Female	3 DEATH DATE (Mo, Day, Yr) July 26, 1995
4 AGE LAST BIRTHDAY (Yr) 67	5 LAYER 1 YEAR 1928	6 LAYER 1 YEAR 1928	7 BIRTH DATE (Mo, Day, Yr) Jan 6, 1928
8 BIRTHPLACE Nephi, Utah		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? No	10 COUNTY OF DEATH Skamania
11 CITY, TOWN OR LOCATION OF DEATH No. Bonneville		12 PLACE OF DEATH - BOX FOR PLACE, EVEN ONE ADDRESS OR INSTITUTION NAME 816 Celilo	
13 BIRTH STATUS (Married, Never Married, Widowed, Divorced (Specify)) Widowed		14 SURVIVED SPOUSE (If wife, give maiden name) -	
15 SOCIAL SECURITY NO. -		16 DECEASED'S EDUCATION (Specify only highest grade completed) 9	
17 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/Operator		18 KIND OF BUSINESS OR INDUSTRY Pet Store	
19 Was Decedent of Hispanic origin or ancestry (Specify race or hispanic origin, specify Cuban, Mexican, Puerto Rican, etc.) No		20 RACE (Specify) White	
21 RESIDENCE - NUMBER AND STREET 816 Celilo		22 CITY/TOWN OR LOCATION N. Bonneville	
23 RACE OF DECEASED Yes		24 COUNTY Skamania	
25 LENGTH OF RES. IN CO. 29 yr		26 STATE WA	
27 ZIP CODE 98639		28 DECEASED'S NAME - FIRST, MIDDLE, LAST Rulon Samuel Linton	
29 DECEASED'S NAME - FIRST, MIDDLE, LAST Anne, Leona Critchley		30 DECEASED'S NAME - FIRST, MIDDLE, LAST Anne, Leona Critchley	
31 DECEASED'S NAME - FIRST, MIDDLE, LAST Anne, Leona Critchley		32 DECEASED'S NAME - FIRST, MIDDLE, LAST Anne, Leona Critchley	
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FILED FOR RECORD
SKAMANIA CO WASH
BY **Debra Tennison**
AUG 29 11 08 AM '95
P. J. Perry
AUDITOR
GARY M. OLSON

AUG 29 1995
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SHERIFF

COPD

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

123182

BOOK 152 PAGE 110

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LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Marian Middle: Linton Last: RHOODE		2. SEX (M/F) Female	3. DEATH DATE (Mo, Day, Yr) July 26, 1995
4. AGE LAST BIRTHDAY (Mo, Day, Yr) 67	5. ADOPTED 1 YEAR NO	6. ADOPTED 1 DAY NO	7. BIRTHDATE (Mo, Day, Yr) Jan 6, 1928
8. BIRTHPLACE (City, State or Foreign Country) Nephi, Utah		9. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes/No) No	10. COUNTY OF DEATH Skamania
11. CITY, TOWN OR LOCATION OF DEATH No. Bonneville		12. PLACE OF DEATH - BLOCK FOR PLACE THEN ONE ADDRESS OR RESIDENCE NAME 816 Celilo	
13. DEATH STATUS - Marital Status, Widowed, Divorced, etc. Widowed		14. SURVIVING SPOUSE (If wife, give maiden name) -	15. SOCIAL SECURITY NO. [REDACTED]
16. DECEASED'S EDUCATION (Specify only highest grade completed) 9		17. DECEASED'S OCCUPATION (Specify only highest grade completed) 9	
18. DECEASED'S OCCUPATION (Specify only highest grade completed) Owner/Operator		19. TYPE OF BUSINESS OR INDUSTRY Pet Store	
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FILED FOR RECORD
SKAMANIA CO. WASH
BY *Debbie Tennison*

AUG 29 11 08 AM '95

AUDITOR
GARY M. OLSON

AUG 29 1995

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