

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS
CERTIFICATE OF DEATH

BOOK 156 PAGE 262
7 01516

LOCAL FILE NUMBER 152
124904

1 NAME FIRST MIDDLE LAST
MARGUERITA AZALEA FORSTHOFFER

2 SEX
Female

3 DEATH DATE AND DAY YR
Feb. 9, 1987

4 RACE (WHITE, BLACK, AM AND
IND, SPECIFY)
White

5 AGE LAST BIRTH
DATE (YR)
78

6 US DEATH DATE
Aug. 29, 1908

7 COUNTY OF DEATH
Clark

8 CITY, TOWN OR LOCATION OF DEATH
Camas

9 PLACE OF BIRTH (DO NOT FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME)
Highland Terrace Nursing Center

10 RECEIVED EMERGENCY
TRANSPORT (YES/NO)
No

11 MARITAL STATUS (MARRIED,
WIDOWED, DIVORCED)
Widowed

12 WAS DECEDENT EVER IN
U.S. ARMED FORCES (YES/NO)
No

13 BIRTH STATE IF NOT IN
USA (STATE ABBREVIATION)
Montana

14 CITIZEN OF WHAT COUNTRY
U.S.A.

15 USUAL OCCUPATION (GIVE END OF WORK DONE
DURING MOST OF WORKING LIFE EVEN IF RETIRED)
Homemaker

16 RAO OF BUSINESS OR INDUSTRY
At Home

17 RESIDENCE NUMBER AND STREET
M.P. O. 15R Nielson Rd.

18 CITY, TOWN, OR LOCATION
Skamania

19 INHABITANT CITY LIMITS (YES/NO)
No

20 COUNTY
Skamania

21 STATE
Washington

22 FATHER NAME FIRST, MIDDLE, LAST
Adolfus White

23 MOTHER NAME FIRST, MIDDLE, LAST
Anna Nelson

24 MARRIAGE ADDRESS
N63W 15328 Pocahontas Dr., Menomonee Falls, WI 53051

25 DATE AND DAY YR
Feb. 13, 1987

26 CEMETERY, CREMATORY, NAME
Riverview Abbey

27 LOCATION, CITY, TOWN, STATE
Portland, Oregon

28 FUNERAL DIRECTOR'S
SIGNATURE
L. E. Burnett

29 NAME OF FACILITY
Straub's Funeral Home

30 ADDRESS OF FACILITY
325 N. E. 3rd Ave.
Camas, WA 98607

31 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN
32 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

33 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT
THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE
Cyril S. Dodge, M.D. - 700 N. E. 87th Ave., Vancouver, WA 98664

34 DATE SIGNED (MO DAY YR)
Feb 12, 1987

35 HOUR OF DEATH (24 HRS)
12:50 P.M.

36 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN

37 PROMOUNCED DEAD (MO DAY YR)

38 HOUR PROMOUNCED DEAD
(24 HRS)

39 IMMEDIATE CAUSE
(A) Metastatic Lung CANCER
(B) Cigarette Smoking
(C) Hypertension/Degenerative Arthritis

40 INTERVAL BETWEEN ONSET
AND DEATH
2-3 years

41 INTERVAL BETWEEN ONSET
AND DEATH
? years

42 INTERVAL BETWEEN ONSET
AND DEATH

43 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

44 AUTOPSY (YES/NO)
No

45 THIS CASE REPORTED BY
CLINICIAN OR CORONER (YES/NO)

46 INJURY AT WORK (YES/NO)
No

47 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY,
OFFICE BLDG ETC. (SPECIFY)

48 DESCRIBE HOW INJURY OCCURRED

49 LOCATION - STREET OR RFD NO., CITY, TOWN, STATE

50 REGISTRAR
SIGNATURE
X

51 DATE RECEIVED AND DAY YR
FEB 13 1987

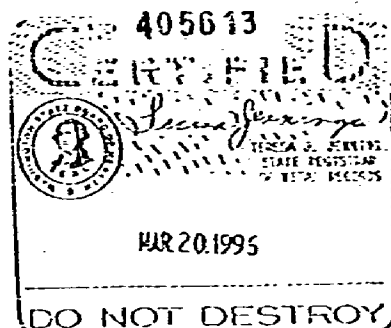
52 ITEM
DOCUMENTARY EVIDENCE REVIEWED BY: G. E. ITEM

53 DOCUMENTARY EVIDENCE REVIEWED BY: DATE

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

MAR 29 10 58 AM '95
GARY M. OLSON

DOH 01-003 (8/95)



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