STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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

1527 LOCAL FILE NUMBER
124904
BOOK 156 PAGE 262
7 01516

1. NAME: FIRST, MIDDLE, LAST		2. SEX	3. DEATH DATE (MO DAY YR)	146-8 STATE FILE NUMBER	
MARGUERITA AZALEA FORSTHOFER		Female	Feb. 9, 1987		
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY)	5. AGE LAST BIRTH DAY (YRS)	6. UNDER 1 YEAR: MOS. / DAYS	7. UNDER 1 DAY: HOURS / MINS.	8. BIRTHDATE (MO DAY YR)	9. COUNTY OF DEATH
White	78			Aug. 29, 1908	Clark
10. CITY, TOWN OR LOCATION OF DEATH		11. PLACE OF DEATH (CHECK ONLY ONE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME)			12. RECEIVED EMERGENCY (AMBULANCE, FIRE?)
Camas		Highland Terrace Nursing Center			No
13. BIRTH STATE OR FOREIGN COUNTRY (IF NOT IN USA SPECIFY)	14. CITIZEN OF WHAT COUNTRY	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	16. SPOUSE OF WIFE (GIVE MAIDEN NAME)		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES, NO)
Montana	U.S.A.	Widowed			No
18. SOCIAL SECURITY NO.		19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)		20. KIND OF BUSINESS OR INDUSTRY	
[redacted]		Homemaker		At Home	
21. RESIDENCE - NUMBER AND STREET		22. CITY, TOWN, OR LOCATION	23. INSIDE CITY LIMITS? (YES, NO)	24. COUNTY	25. STATE
M.P. 0.15R Nielson Rd.		Skamania	No	Skamania	Washington
26. FATHER - NAME FIRST, MIDDLE, LAST			27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST		
Adolfus White			Anna Nelson		
28. INFORMANT - NAME		29. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP)			
Dr. Raymond White - Nephew		N63W 15328 Pocahontas Dr., Menomonee Falls, WI 53051			
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	31. DATE (MO DAY YR)	32. CEMETERY OR CREMATORY - NAME		33. LOCATION - CITY, TOWN, STATE	
Entombment	Feb. 13, 1987	Riverview Abbey		Portland, Oregon	
34. FUNERAL DIRECTOR SIGNATURE		35. NAME OF FACILITY		36. ADDRESS OF FACILITY	
X Lyle E Barnett		Straub's Funeral Home		325 N. E. 3rd Ave. Camas, WA 98607	

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X Cyril S Dodge MD
38. DATE SIGNED (MO DAY YR): Feb 12, 1987
39. HOUR OF DEATH (24 HRS): 12:50 P.M.
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
41. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): Cyril S. Dodge, M.D. - 700 N. E. 87th Ave., Vancouver, WA 98664

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. 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: X
42. DATE SIGNED (MO DAY YR)
43. HOUR OF DEATH (24 HRS)
44. PRONOUNCED DEAD (MO DAY YR)
45. HOUR PRONOUNCED DEAD (24 HRS)

46. IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C). INTERVAL BETWEEN ONSET AND DEATH
(A) Metastatic Lung CANCER — 2-3 years
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cigarette Smoking — 7 years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

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

47. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: Hypertension, Degenerative Arthritis
48. AUTOPSY (YES/NO): No
49. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER?
50. ACC., SUICIDE, HOM., UNDET., OR P. SENDING INVEST. (SPECIFY)
51. INJURY DATE (MO DAY YR)
52. HOUR OF INJURY (24 HRS)
53. DESCRIBE HOW INJURY OCCURRED
54. INJURY AT WORK? (YES, NO)
55. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)
56. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE
57. REGISTRAR SIGNATURE: X Lucie Stevenson
58. DATE RECEIVED (MO DAY YR): FEB 13 1987

FOR STATE REGISTRAR USE ONLY

59. ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:	ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
MAR 29 10 58 AM '96
Lowry
AUDITOR
GARY H. OLSON

Indexed ✓
Indexed, etc. ✓
Mailed ✓
Signed
Audited

DOH 01-003 (8/95)

405613
CERTIFIED
Teresa Jennings
TERESA A. JENNINGS
STATE REGISTRAR
OF VITAL RECORDS
MAR 20 1995
DO NOT DESTROY

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