131786

BOOK 177 PAGE 899

FILED FOR RECORD
SKAMANIA CO. WASH
BY Helen Thompson

JUN 4 11 36 AM '98
P Lowry
AUDITOR
GARY H. OLSON

Return Address:

Helen A. Thompson
PO Box 278
Carson, WA 98610

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Thompson, Leonard Howard
2.
3.
4.
☐ Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)
1. Thompson, Helen A.
2.
3.
4.
☐ Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated. I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
☐ Complete legal on page _____ of document.

REAL ESTATE EXCISE TAX
19567
JUN - 4 1998
PAID Exempt
hw
SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) Of Documents assigned or released:
☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
3-8-29-1-1-5101-00
☐ Property Tax Parcel ID is not yet assigned.
☐ Additional parcel #'s on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

STATE OF OREGON – HEALTH DIVISION BOOK 177 PAGE 900
Vital Statistics Section

3526
Local File Number

CERTIFICATE OF DEATH

'77 011391

1. DECEASED–NAME First LEONARD Middle HOWARD Last THOMPSON
2. DATE OF DEATH (month, day, year) July 23, 1977
3. RACE White, Negro, American Indian, etc. (specify) White
4. SEX Male
5a. AGE–Last birthday (years) 58
5b. Under 1 year mos. days
5c. Under 1 day hours min.
6. DATE OF BIRTH (month, day, year) 2/26/19
7a. COUNTY OF DEATH Multnomah
7b. CITY, TOWN, OR LOCATION OF DEATH Portland
7c. Inside City Limits (specify yes or no) Yes
7d. HOSPITAL OR OTHER INSTITUTION–NAME (If not in either, give street and number) Providence Hospital
8. STATE OF BIRTH (If not in U.S.A. name country) Oklahoma
9. CITIZEN OF WHAT COUNTRY USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
11. NAME OF SPOUSE Helen Thompson
12. SOCIAL SECURITY NUMBER [redacted]
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Fish Culturist
13b. KIND OF BUSINESS OR INDUSTRY Federal Government
14a. RESIDENCE–STATE Washington
14b. COUNTY Skamania
14c. CITY, TOWN, OR LOCATION Carson
14d. Inside City Limits (specify yes or no) Yes
14e. STREET AND NUMBER OR R.F.D. 4th & Columbia Dr.
15. FATHER–NAME first middle last Robert F. Thompson
16. MOTHER–Maiden Name first middle last Alexandra Artie – Thompson
17. INFORMANT–NAME and relationship to deceased Helen Thompson, Wife

PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
18. immediate cause
(a) Metastatic Lung Cancer — approximate interval between onset and death: 3 months
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) None
19a. AUTOPSY (yes or no) No
19b. IF YES were findings considered in determining cause of death
20a. ACCIDENT (specify yes or no) No
20b. DATE OF INJURY (month, day, year)
20c. HOUR M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no) No
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

21. CERTIFICATION–PHYSICIAN: I attended the deceased from: month day year June 9, 1977 to month day year July 23, 1977 And Last Saw Him/Her Alive on: month day year July 23, 1977 I Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour) 4:10 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN–SIGNATURE Marvin D. Fredrickson
22b. NAME (type or print) Marvin D Fredrickson degree or title MD
22c. DATE SIGNED (month, day, year) July 27, 1977
23. MAILING ADDRESS–PHYSICIAN street 511 SW 10th Ave city or town Portland state Ore 97205
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial
24b. CEMETERY OR CREMATORY–NAME Carson Cemetery
24c. LOCATION city or town Carson, state Washington
24d. DATE (mo., day, year) 7/26/77
25a. FUNERAL DIRECTOR–SIGNATURE
25b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip) GARDNER FUNERAL HOME, INC. White Salmon, Wa. 98672
26a. REGISTRAR–SIGNATURE
26b. DATE RECEIVED BY LOCAL REGISTRAR AUG 2 1977
27. DATE RECEIVED BY STATE REGISTRAR AUG 8 1977
RESERVED FOR REGISTRAR'S USE
28.

VS 2 R-69

Gary H. Martin, Skamania County Assessor
Date 6-4-98 Parcel # 03 08 29 41 5101 00
RRD

DATE ISSUED OCTOBER 4 1977

STATE OF OREGON, COUNTY OF MULTNOMAH)ss
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR
Norm M. Martin

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION