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BOOK 177 PAGE 899

Return Address:

Helen A. Thompson
PO Box 278
Carson, WA 98610

FILED FOR RECORD
SKAMANIA CO. WASH
BY Helen Thompson

JUN 4 11 36 AM '98

GARY M. OLSON
AUDITOR

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)	
REAL ESTATE EXCISE TAX	
19567	
☐ Complete legal on page _____ of document.	
REFERENCE NUMBER(S) Of Documents assigned or released: PAID	
JUN - 4 1998	
☐ 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.	

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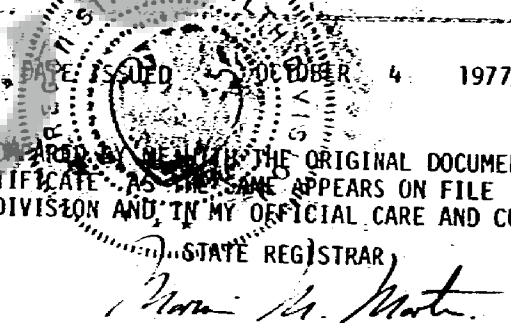
CERTIFICATE OF DEATH

77 011391

DECEASED—NAME First Middle Last LEONARD HOWARD THOMPSON		DATE OF DEATH (month, day, year) July 23, 1977	
RACE White, Negro, American Indian, etc. (specify) White		SEX Male	AGE—Last birth (years) 58
COUNTY OF DEATH Multnomah	CITY, TOWN, OR LOCATION OF DEATH Portland	Inside City Limits (specify yes or no) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Providence Hospital
STATE OF BIRTH (if not U.S.A., name country) Oklahoma	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	NAME OF SPOUSE Helen Thompson
SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Fish Culturist	KIND OF BUSINESS OR INDUSTRY Federal Government	STREET AND NUMBER OR R.F.D. 4th & Columbia Dr.
RESIDENCE—STATE Washington	COUNTY Skamania	CITY, TOWN, OR LOCATION Carson	Inside City Limits (specify yes or no) Yes
FATHER—NAME First middle last Robert F. Thompson	MOTHER—Maiden Name First middle last Alexandra Artie - Thompson	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)) (a) Metastatic Lung Cancer Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) (c)			
PART II OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) None			
ACCIDENT (specify yes or no) No	DATE OF INJURY (month, day, year) June 9, 1977	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)	AUTOPSY (yes or no) No
INJURY AT WORK (specify yes or no) No	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) Home	LOCATION (street or R.F.D. No., city or town, county, state) Carson, Washington	IF YES were findings considered in determining cause of death Yes
CERTIFICATION—PHYSICIAN: I attended the deceased from: June 9, 1977 to July 23, 1977	And Last Saw Him/Her Alive on: July 23, 1977	I Did Not view the body after death (specify)	DEATH OCCURRED (hour) 4:10 P.M.
PHYSICIAN—SIGNATURE Marvin D. Erickson	NAME (type or print) Marvin D. Erickson MD	degree or title MD	DATE SIGNED (month, day, year) July 23, 1977
MAILING ADDRESS—PHYSICIAN 511 SW 10th Ave	CITY or town Portland, Ore	state OR	zip 97205
BURIAL, CREMATION, REMOVAL, MAUS (specify) Burial	CEMETERY OR CREMATORY—NAME Carson Cemetery	LOCATION Carson, Washington	DATE (mo., day, year) 7/26/77
FUNERAL DIRECTOR—SIGNATURE Jack Sullivan	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) GARDNER FUNERAL HOME, INC. White Salmon, Wa. 98672	DATE RECEIVED BY LOCAL REGISTRAR AUG 2 1977	
REGISTRAR—SIGNATURE [Signature]	DATE RECEIVED BY STATE REGISTRAR AUG 8 1977	DATE RECEIVED BY STATE REGISTRAR AUG 8 1977	

VS 2 R-69

Gary M. Smith, Registrar
Date 6-4-98
0328 25 41 5101 00



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

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION