

11140

Oregon State Board of Health  
Division of Vital Statistics

Standard Certificate of Death  
STATE OF OREGON

State File No. 7428  
Local Registrar's No. 164

1. PLACE OF DEATH:

(a) County Benton **DEC 11 1946**

(b) City or town Corvallis  
(If outside city or town limits write RURAL.)

(c) Name of hospital or institution:  
Anderson Surgical Hospital  
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether years, months or days)  
In this community 56 yrs In state 56 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Benton

(c) City or town Corvallis  
(If outside city or town limits write RURAL.)

(d) Street No. 205 North 12th  
(If rural give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years 83A

3. (a) FULL NAME Martonia Seeley

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex FEM race W 5. Color or W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \*\*\* 6. (c) Age of husband or wife \*\*\* years  
if alive

7. Birth date of deceased January 8, 1866  
(Month) (Day) (Year)

8. Age: Years	Months	Days	If less than one day
<u>80</u>	<u>10</u>	<u>20</u>	hr. min.

9. Birthplace Jones County, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business At Home

12. Name Hiram Welch

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Moore

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. G. V. Copson  
(b) Address Corvallis, Oregon

17. (a) Cremation (b) Date thereof 11 21 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Oregon

18. (a) Signature of funeral director Frank W. Warner Jr.  
(b) Address Corvallis, Oregon

19. (a) 11-20-46 (b) Lela Flusman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month November day 18  
year 1946 hour 12: minute 40 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to 11/18, 1946, that I last saw h. or alive  
on Nov. 18, 1946, and that death occurred on the date  
and hour stated above.

Immediate cause of death Cerebral haemorrhage Duration 48 hr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place,  
in public place \_\_\_\_\_  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Corvallis, Ore Date signed 11/19/46

Seeley