

Oregon State Board of Health

Certificate of Death

393
500

1. PLACE OF DEATH
County Marion State Oregon State Registered No. 393 500
Township _____ or Village _____ Local Registered No. 33
City Silverton No. 603 - N. 2nd St St. _____ Ward _____

Length of residence in city or town where death occurred 18 1/2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ella Seeley
(a) Residence: No. _____ St. _____
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Sept 5 1921

7. AGE Years 14 Months 7 Days 15 If less than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albany (State or country) Oregon

13. NAME John A. Seeley

14. BIRTHPLACE (city or town) Neb. (state or country)

15. MAIDEN NAME Lilla Lewis

16. BIRTHPLACE (city or town) Nev. (state or country)

17. INFORMANT John A. Seeley (address) Silverton

18. BURIAL, CREMATION OR REMOVAL Place Bethany Cem. Date 4/23 1936

19. UNDERTAKER Marion Funeral Home (Address) Silverton, Or

20. Filed April 23 1936 R. G. Coe Registrar

Ed Etkin - Embalmer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw him live on _____ 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follow: Pneumonia head kidney (50) Date of onset 4/19/36

Heart Acute rheumatism and low death 4/20/36

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

For (Signed) Ed Etkin M. D.

(Address) Silverton - Oregon

Ed Etkin - Embalmer

Seeley