

PLACE OF DEATH  
County of Multnomah

CENSUS OFFICE  
STANDARD CERTIFICATE OF DEATH

*At 4900  
LEWIST  
Bridgeway*

Township of  
or  
Village of Sentis  
or  
City of

PORTLAND, OREGON

Registered No. \_\_\_\_\_  
Ward \_\_\_\_\_  
[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

No. LENTS OREGON

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]

FULL NAME MARY JANE SEELEY

**PERSONAL AND STATISTICAL PARTICULARS**

SEX FEMALE COLOR WHITE

DATE OF BIRTH DEC 31 1862  
(Month) (Day) (Year)

AGE 43 years, 5 months, 19 days

~~SINGLE~~ MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) KANSAS

NAME OF FATHER MARION CROOK

BIRTHPLACE OF FATHER (State or country) NORTH CAROLINA

MAIDEN NAME OF MOTHER ELIZABETH PRITCHETT

BIRTHPLACE OF MOTHER (State or country) NORTH CAROLINA

OCCUPATION

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH JUNE 19 1906  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 3/4 1905 to 6/19 1906 that I last saw him alive on 6/19 1906 and that death occurred, on the date stated above, at 846

The CAUSE OF DEATH, was as follows:  
Tuberculosis -

(duration) \_\_\_\_\_ days  
Contributory no not known

(duration) \_\_\_\_\_ days  
(Signed) C. A. Wood M. D.  
6/20 1906 (Address) Portland

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence \_\_\_\_\_ How long at \_\_\_\_\_ Days  
Place of Death? \_\_\_\_\_ Days

Where was disease contracted if not at Place of death? \_\_\_\_\_

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  
(Informant) Oscar W. Seeley  
(Address) Sentis Or

Filed 6-20 1906

Registrar.

PLACE OF BURIAL OR REMOVAL MULTNOMAN CEM DATE OF BURIAL JUNE 21 1906

UNDERTAKER EDWARD HOLMAN CO ADDRESS PORTLAND OR

*Seeley*