

**OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

713

1 PLACE OF DEATH
 County Multnomah State Oregon State Registered No. 1815
 Local Registered No. 1981
 Township _____ or Village _____ or
 City Portland No. 400 Vista Ave. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Muriel Lewis Seeley
 (a) Residence. No. 400 Vista Ave. St. _____
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 Single, Married, Widowed or divorced (write the word) Married
5a If married, widowed, or divorced HUSBAND of <u>Paul Stark Seeley</u> (or) WIFE of		
6 DATE OF BIRTH (month, day, and year) <u>Dec. 6, 1895</u>		
7 AGE	Years <u>31</u>	Months <u>6</u>
	Days <u>26</u>	If less than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9 BIRTHPLACE (city or town) <u>St. Thomas, Ontario, Canada</u> (State or country)		
10 NAME OF FATHER <u>Edward A. Lewis</u>		
PARENTS	11 BIRTHPLACE OF FATHER (city or town) <u>Ontario, Canada</u> (State or country)	
	12 MAIDEN NAME OF MOTHER <u>Nellie Steele</u>	
	13 BIRTHPLACE OF MOTHER (city or town) <u>Ontario, Canada</u> (State or country)	
14 Informant <u>Paul Stark Seeley,</u> (Address) <u>400 Vista Ave., City.</u>		
15 FILED <u>JUL 7 1927</u> <u>John S. [Signature]</u> Registrar.		

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1927

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest thereon (Inquest, Autopsy or Inquest) and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquest) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Non-epidemic cerebrospinal meningitis.
Cause unknown.
 _____ (duration) _____ yrs., _____ mos., _____ days.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs., _____ mos., _____ days.

18 (Signed) Carl Smith M.D. (Examining physician)
July 5, 1927 (Address) 215 E. Rock (Coroner)

* State the Disease Causing Death, or in deaths from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Portland Crematorium Vault</u>	DATE OF BURIAL <u>July 2, 1927</u>
20 UNDERTAKER <u>J.P. Finley & Son, J.C. Setzer</u>	ADDRESS <u>Portland, Ore.</u>

Seeley