## OREGON STATE BOARD OF HEALTH CERTIFICATE OF DEATH

1 PLACE OF DEATH COUNTY TOWNShip TOWNSh		State Registered No
Township.  Of City.  No.  (If depth, occurred ip a hospital or institution, give its name instead of street and number)  2 FULL NAME.  (a) Residence. No.  (b) General residence in city or town where death occurred yrs.  PERSONAL AND STATISTICAL FABRICULABS  3 SEX  4 COLOR OR RACE  5 Sincle Married, Widowed, or divorced  HUSHAPD of Journal Married, Widowed, or City William of the Word of HUSHAPD of Journal of Hushapper of the Word of Hushapper of Hushapp		
City No. (If depth, occurred ip-a hospital or institution, give its name instead of street and number)  2 FULL NAME  (a) Residence. No. (If control institution, give its name instead of street and number)  (b) Residence in city or town place of abode)  Length of residence in city or town place of abode)  Length of residence in city or town place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX   4 COLOR OR RACE   5 Since Married, Widowed, or Divorced (write the word)   Machine Married widowed, or divorced   Substitution		
(If depth occurred 19-a hospital or institution, give its name instead of street and number)  2 FULL NAME.  (a) Residence. No.  (b) Workel place of abode)  Length of residence in city or town where death occurred yrs.  (b) Length of residence in city or town where death occurred yrs.  (b) Length of residence in city or town where death occurred yrs.  (c) Length of residence in city or town where death occurred yrs.  (d) Manual Land Statistical Particulars  (e) Mall Land Statistical Particulars  (e) Mall Land Statistical Particulars  (e) Date of Birth (month, day, and year)  (f) Ceneral nature of Industry, which employed (or employer)  (e) Name of employer)  (e) Name of employer)  (f) Ceneral nature of Industry, which employed (or employer)  (g) Name of employer (g) (duration)  (g) Name of employer)  (g) Name of employer (g) (duration)  (g) Name of employer (g) (		
(a) Residence. No.  Notical place of abode)  Length of residence in city or town where death occurred ym mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  8 SEX		d in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred yra mos. da. How long in U.S., it of foreign light in yra mos. da.  PERSONAL AND STATISTICAL PARTICULARS  8 SEX	2 FULL NAME	ley
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  8 SEX		
8 SEX 4 COLOR OR RACE 6 Single, Married, Widowed, or Divorced (write the word)  Male While 1 Married (write the word)  Married Widowed, or divorced HUSBAND of (or) Wife of Color of Color of Wife of Color of Color of Wife of Color of Colo		mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Male White Married Widowed, or divorced HUSBAND of Forme Seeles S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Unite Married Widowed, or divorced HUSEAND of Gory Wile of Horence Seelely (19, 19/4, to have 26, 19/19, that I last HUSEAND of Gory Wile of Horence Seelely (19, 19/4, to have 26, 19/19, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 3, and that death occurred on the date-stated above, at 19, 4, and that death occurred on the date-stated above, at 19, 4, and that death occurred on the date-stated above, at 19, 4, and that death occurred on the date-stated above, at 19, 4, and that death occurred on the date-stated above, at 19, 4, and that death occurred on the date-stated above, at 19, 4, and that death occurred on the date-stated above, at 19, 4, and that death occurred on the date-stated above, at 1		16 DATE OF DEATH (month, day, and year)
So IT merried, widowed, or divorced HUSBAND of (or) WIFE of Lorence Seelely  5 DATE OF BIRTH (month, day, and year)  7 AGE Years Months Days If less than I day, hrs. or min.  8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work. Authors in which employed (or employer).  (c) Name of employer.  (c) Name of employer.  (d) NAME OF FATHER M. H. Seeley  (State or country) Musbanness of State of State of Country) Musbanness of State of	12 0 1 1 1 - 1 2	17 I HEREBY CERTIFY. That I attended deceased from Lucy
HUSEAND of GOT WIFE of GOTENCE Seelly  6 DATE OF BIRTH (month, day, and year)  7 AGE Years Months Days If less than 1 day, hrs. or min.  8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work. Assistance of many or min. (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer.  9 BIRTHPLACE (city or town) blaubral Blassalls (State or country) New Brunswers (State or country) New Bru	5a If married, widowed, or divorced	
The CAUSE OF DEATH* was as follows: Provided the profession, or particular kind of work of the profession, or establishment in which employed (duration) yrs., mos., days.  18 Where was disease contracted if not at place of death?  Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an operation proceed death? Did an		
8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work. All Market and Control of the cont	6 DATE OF BIRTH (month, day, and year)	
8 OCCUPATION OF DECEASED  (a) Trade, profession, or SUMPLY TOWN  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer.  (duration)  (State or country)  (State or country)  10 NAME OF FATHER What R. Sully  (State or country)  11 BIRTHPLACE (city or town)  12 MAIDEN NAME OF MOTHER (city or town)  (State or country)  13 BIRTHPLACE OF MOTHER (city or town)  (State or country)  (State or country)  (State or country)  14 Informant  (State or country)  (State or countr	7 AGE Years Months Days If less than	The CAUSE OF DEATH* was as follows: Premound
8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work and molecular states of industry, business, or establishment in which employed (or employer).  (c) Name of employer.  (d) Name of employer.  (Estate or country) New Brunspicial (State o		
(a) Trade, profession, or particular kind of work of Mounts of Moustry, business, or establishment in which employed (or employer).  (c) Name of employer.  (duration)  (Secondary)  (Secon		
(b) General nature of industry, business, or establishment in which employed (or employer).  (c) Name of employer.  9 BIRTHPLACE (city or town) blushing blegans of interest of interest of death?  10 NAME OF FATHER Why R. Seelley.  11 BIRTHPLACE OF FATHER (city or town) blushing blegans of interest of interest of death?  12 MAIDEN NAME OF MOTHER (city or town) blushing blegans of the interest of inte		(4
which employed (or employer)  (c) Name of employer.  9 BIRTHPLACE (city or town) Claudinal Blugantle  (State or country) New Brunswick  10 NAME OF FATHER Why H. Seelley  11 BIRTHPLACE OF FATHER (city or town) Claudinal Blugantle  (State or country) New Brunswick  12 MAIDEN NAME OF MOTHER (city or town) Cost Province  13 BIRTHPLACE OF MOTHER (city or town) Cost Province  14 Informant Claudinal Claudinal Suicidal, or Homicidal. (See reverse side for additional space.)  14 Informant Claudinal State of Country)  15 Filed MAD 2, 19 74 A DAW  16 PLACE OF BURIAL, CREMATION OR DATE OF BURIAL  20 UNDERTAKER  18 Where was disease contracted if not at place of death?  What test configured discussions of the configuration of	(b) General nature of industry.	
18 Where was disease contracted if not at place of death?  10 NAME OF FATHER TWAN R. Seelly  11 BIRTHPLACE (city or town) December Research Researc		(Secondary)
if not at place of death?    State or country    New   Brunnewick	(c) Name of employer	•
10 NAME OF FATHER When R. Seelly  11 BIRTHPLACE OF FATHER (city or town because Relicant Relicant (State or country)  12 MAIDEN NAME OF MOTHER (city or town) 201 Known  (State or country)  13 BIRTHPLACE OF MOTHER (city or town) 201 Known  (State or country)  14 Informant  15 Informant  16 Informant  17 Informant  18 Informant  19 PLACE OF BURIAL, CREMATION OR REMOVAL  (Address)  10 NAME OF FATHER (city or town because Relicant Removal	9 BIRTHPLACE (city or town) Ceutral Blessville	if not at place of death?
11 BIRTHPLACE OF FATHER (city or town blessed Blood (Signed) (Sign		
11 BIRTHPLACE OF FATHER (city or town bleath at Allow (Signed) It Committee (Signed) It	10 NAME OF FATHER John 12. delly	1
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)  14 Informant **June Ce See See See See See See See See See	m 11 BIRTHPLACE OF FATHER (city or town becker Blow	
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)  14 Informant **June Ce See See See See See See See See See	(State or country) New Brunswick	
13 BIRTHPLACE OF MOTHER (city or town) 201 foreign state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)  14 Informant 2001 PLACE OF BURIAL, CREMATION OR REMOVAL  (Address) 20 UMDERTAKER  ADDRESS	12 MAIDEN NAME OF MOTHER not known	7)
14 Informant Storence Stelley  15 PLACE OF BURIAL, CREMATION OR DATE OF BURIAL  16 Address)  16 PLACE OF BURIAL, CREMATION OR DATE OF BURIAL  17 PLACE OF BURIAL, CREMATION OR DATE OF BURIAL  18 PLACE OF BURIAL, CREMATION OR DATE OF BURIAL  19 PLACE OF BURIAL, CREMATION OR DATE OF BURIAL  10 PLACE OF BURIAL, CREMATION OR DATE OF BURIAL  10 PLACE OF BURIAL, CREMATION OR DATE OF BURIAL  11 Informant Storence Stelley  12 UNDERTAKER  13 Filed JAM 3 19 74 19 19 19 19 19 19 19 19 19 19 19 19 19	13 BIRTHPLACE OF MOTHER (city or town) 201 known	state (1) Means and Nature of Injury, and (2) whether Accidental,
14 Informant Cloude Alley REMOVAL  (Address) Coquille Book  (Address) LAND 3 19 74 19 ALW  15 Filed LAND 3 19 74 19 ALW  REMOVAL  COQUILLE CL  MICE 3 8 19 4		
15 Filed JAN 3 19 74 WW ALW 20 UMBERTAKER ADDRESS		REMOVAL 3. 19 (4)
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Registrar   / Compart Comment		Co POD in y a - De Co
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