

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

1 PLACE OF DEATH County Coos State OR State Registered No. 193
 Township _____ or Village _____ Local Registered No. 47
 City Coguille No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 2 FULL NAME O. H. J. Seeley
 (a) Residence. No. _____ St. _____
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

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

6 DATE OF BIRTH (month, day, and year) _____

7 AGE Years 61 Months 6 Days 27 If less than 1 day, hrs. _____ or min. _____

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Summer man
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) Central Bismarck (State or country) New Brunswick

10 NAME OF FATHER John R. Seeley

11 BIRTHPLACE OF FATHER (city or town) Central Bismarck (State or country) New Brunswick

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known (State or country) _____

14 Informant Florence Seeley (Address) Coguille, Ore.

15 Filed April 3 19 94 M. H. New Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1919

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1919, to June 26, 1919, that I last saw him alive on June 25, 1919, and that death occurred on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows: Pneumonia

(duration) _____ yrs., _____ mos., 10 days.

CONTRIBUTORY Lagipfe (Secondary)

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

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) V. L. Hamilton, M. D. June 19, 1919 (Address) Coguille Ore.

* 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.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL _____ DATE OF BURIAL _____

Coguille Ore June 30 19 19 4

20 UMBERTAKER Williamson ADDRESS Coguille

Seeley