

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

1 PLACE OF DEATH State Registered No. 36  
 County Polk State Oregon Local Registered No. 24  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City Dallas No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its name instead of street and number)

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

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>		
5a If married, widowed, or divorced HUSBAND of <u>William B. Seeley</u> (or) WIFE of _____				
6 DATE OF BIRTH (month, day, and year) <u>July, 13, 1862</u>				
7 AGE <u>58</u>	Years	Months <u>9</u>	Days <u>4</u>	If less than 1 day, ___ hrs. or ___ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9 BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Norway</u>				
PARENTS	10 NAME OF FATHER <u>Swinson</u>			
	11 BIRTHPLACE OF FATHER (city or town) <u>Unknown</u> (State or country) <u>Norway</u>			
	12 MAIDEN NAME OF MOTHER <u>Unknown</u>			
	13 BIRTHPLACE OF MOTHER (city or town) <u>Unknown</u> (State or country) <u>Norway</u>			
14 Informant <u>Ella Bertha Payne</u> (Address) <u>Dallas, Ore</u>				
15 Filed <u>April 14, 1921</u> <u>B.H. McGallon</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year) <u>April, 17, 1921</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>April 10, 1921</u> , to <u>April 17, 1921</u> , that I last saw her alive on <u>April 11, 1921</u> and that death occurred on the date stated above, at <u>5:23 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Acute Nephritis</u> (120)	
_____ (duration) _____ yrs., _____ mos., <u>8</u> days.	
CONTRIBUTORY (Secondary) _____ _____ (duration) _____ yrs., _____ mos., _____ days.	
18 Where was disease contracted if not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Clinical</u> (Signed) <u>B.H. McGallon</u> M. D. <u>April 18, 1921</u> (Address) <u>Dallas Ore</u>	
* 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 <u>Albany, Oregon</u>	DATE OF BURIAL <u>April, 20, 1921</u>
20 UNDERTAKER <u>R. L. Chapman</u>	ADDRESS <u>Dallas, Ore.</u>

*Seeley*