

Oregon State Board of Health Certificate of Death

1. PLACE OF DEATH State Registered No. **720**
 County Multnomah State Oregon Local Registered No. **738**
 Township _____ or Village _____
 City Portland No. 1216, N. Alberta St., _____ Ward _____
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Rosina Seeley
 (a) Residence: No. 1216, N. Alberta St., _____
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Fred E. Seeley

6. DATE OF BIRTH (month, day and year) May 15, 1866

7. AGE Years Months Days If less than 1 day, ... hrs. or ... min.
70 8 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) La Perre Michigan

MOTHER FATHER

13. NAME Isaac McKague

14. BIRTHPLACE (city or town) (State or country) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMANT Mrs. Maddehe Johnson
 (Address) 1216 N. Alberta St.

18. BURIAL, CREMATION OR REMOVAL Burial
 Place Rose City Cem. Date Feb. 15, 1937

19. UNDERTAKER Holman & Lutz, Inc. H. TETLEY
 (Address) NE 14th & Sandy Blvd.

20. Filed 2/12, 1937 94 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937 to Feb 11, 1937
 that I last saw her alive on Feb 11, 1937; death is said to have occurred on the date stated above, at 12:50 P.M.
 The principal cause of death and related causes of importance in order of onset were as follows: 54c
Multiple Tumors in pelvis & abdomen (non-malignant)

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county and state)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. B. Taylor M. D.
 (Address) 512 Morgan Bldg.

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

Additional Space for Further Statements by Physician
I was called to see her Feb 10, 7 P.M. she appeared to be dying. Saw her again Feb 11 at 11 a.m. just before she died. I returned at my home treated her. Never saw her until Feb 11.

See