

STATE PRINTING DEPT.

**1. PLACE OF DEATH:**  
 (a) County Multnomah  
 (b) City or town Portland  
(If outside city or town limits write RURAL.)  
 (c) Name of hospital or institution:  
Multnomah Hospital  
(If not in hospital or institution write street number or location.)  
 (d) Length of stay: In hospital or institution Since 10-17-48  
(Specify whether:  
 In this community 1945 In state Life  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Oregon (b) County Mult.  
 (c) City or town Portland  
(If outside city or town limits write RURAL.)  
 (d) Street No. 3819 N. Commercial  
(If rural give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.  
132

**3. (a) FULL NAME** Roy C. Seeley  
**3. (b) If veteran,** \*\*\* **3. (c) Social Security** \*\*\*  
 name war No.  
**4. Sex** Male **5. Color or** White  
 race **6. (a) Single, widowed, married,** Married  
 divorced  
**6. (b) Name of husband or wife** Margie **6. (c) Age of husband or wife**  
 if alive \_\_\_\_\_ years  
**7. Birth date of deceased** January 10, 1913  
(Month) (Day) (Year)  
**8. Age:** Years 35 Months 9 Days 9 If less than one day  
 hr. min.  
**9. Birthplace** Oregon City, Oregon  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Truck driver  
**11. Industry or business**  
**12. Name** Earl Seeley  
**13. Birthplace** Colorado  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Mchargul  
**15. Birthplace** Missouri  
(City, town, or county) (State or foreign country)  
From chapel records and Margie B. Seeley  
**16. (a) Informant's own signature** F. Blanchard #24  
**(b) Address** 3819 N. Commercial  
**17. (a) Burial **(b) Date thereof** 10-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Rose City Cemetery  
The Little Chapel of the Chimes  
**18. (a) Signature of funeral director** F. Blanchard #24  
**(b) Address** 430 N. Killingsworth  
**19. (a) OCT 2 - 1948** [Signature]  
**(b) Address** [Signature]**

**MEDICAL CERTIFICATION**

**20. Date of death:** Month October day 19  
 year 1948 hour 12:35 p.m. minute

**21. I hereby certify that I attended the deceased from** 10-17  
19 48 to 10-19 19 48; that I last saw h. im alive  
 on 10-19 19 48; and that death occurred on the date  
 and hour stated above.

Immediate cause of death	Duration
<u>Terminal Broncho-</u>	
<u> pneumonia</u>	
Due to <u>Pneumia</u>	
Due to <u>#</u>	
Other conditions <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations <u>No surgery</u>	<b>PHYSICIAN</b> Underline the cause to which death should be charged statistically
Of autopsy <u>as above</u>	

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place,  
 in public place? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
**23. Signature** [Signature] **(M.D. or other)**

OCCUPATION is very important.

Seeley