

Oregon State Board of Health **Stand** Certificate of Death
 Division of Vital Statistics STATE OF OREGON 96

State File No. 1204
 Local Registrar's No. 1257

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:
Vets. Administr. Facility
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 In this community 24 years In state 31 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oregon (b) County Multnomah
 (c) City or town Portland
 (If outside city or town limits write RURAL)
 (d) Street No. 8505 N. Burr St.
 (If rural give location)
 (e) If foreign born, how long in U. S. A.? 31 years years.

3. (a) FULL NAME SEELEY, Stewart
 3. (b) If veteran, name war World War #1 3. (c) Social Security No. Unknown
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Div.
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife _____
 If alive _____ years
 7. Birth date of deceased June 7, 1885
(Month) (Day) (Year)
 8. Age: Years 58 Months 9 Days 24 If less than one day _____ hr. _____ min.
 9. Birthplace Canada
(City, town, or county) (State or foreign country)
 10. Usual occupation Machinist
 11. Industry or business _____
 12. Name Alexander Seeley
 13. Birthplace Canada
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine McGregor
 15. Birthplace Canada
(City, town, or county) (State or foreign country)
 16. (a) Informant's own signature Antoinette M. Turek
 (b) Address VAF Portland, Ore.
 17. (a) Burial (b) Date thereof 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Linc. Mem. Park
 18. (a) Signature of funeral director A. J. Rose & Son
 (b) Address 537 S. E. Alder
 19. (a) APR 4 1944 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. Date of death: Month March day 31st
 year 1944 hour 4 minute 45 A.M.
 21. I hereby certify that I attended the deceased from Mar. 23,
19 44 to Mar. 31, 19 44; that I last saw him alive
 on Mar. 31, 19 44; and that death occurred on the date
 and hour stated above.
 Immediate cause of death Ruptured aortic aneurysm
 Duration Terminal
 Due to Hypertension with arterio- Prior to
sclerosis 1943
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy No autopsy.
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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? _____
 23. Signature R.W. Bruce, (M. D. or other) M.D.
 Address VAF Portland, Ore. Date signed 4/1/44

Seeley