

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

969

1 PLACE OF DEATH State Registered No. _____
 County Multnomah State Oregon Local Registered No. 190
 Township _____ or Village _____ or
 City Portland No. _____ 491 E. 44th St. No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Uri Seeley Jr.
 (a) Residence No. 491 E. 44th St. Nost. (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		
5a If married, widowed, or divorced HUSBAND of <u>Alma</u> (or) WIFE of _____				
6 DATE OF BIRTH (month, day, and year) <u>July 10 1855</u>				
7 AGE <u>65</u>	Years	Months <u>10</u>	Days <u>12</u>	If less than 1 day, _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Retired Mining Engineer</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer. <u>Willamette Iron & Steel</u>				
9 BIRTHPLACE (city or town) (State or country) <u>Austinburg, Ohio</u>				
10 NAME OF FATHER <u>Uri Seeley</u>				
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Unknown</u>				
12 MAIDEN NAME OF MOTHER <u>Unknown</u>				
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Unknown</u>				
14 Informant <u>Alma Seeley</u> (Address) <u>491 E. 44th St. Portland</u>				
15 Filed <u>4/23</u> 19 <u>21</u> <u>Parrish</u> Registrar				

CORONER'S CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year) <u>April 22, 1921</u>	
17 I HEREBY CERTIFY That I took charge of the remains described above, held an <u>Autopsy</u> thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said <u>Autopsy</u> find that said deceased came to <u>his</u> death on the day stated above. The CAUSE OF DEATH* was as follows: <u>Acute dilatation of the heart - Marked atherosclerosis of the coronary arteries with obstruction, Generalized arteria Sclerosis</u>	
18 (Signed) <u>Frank R. Wimmer</u> M. D. (Examining physician) <u>Earl Smith</u> By <u>H. C. T. Smith</u> Coroner <u>April 23, 1921</u> (Address) <u>220 2nd St.</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>Portland Crematorium</u>	DATE OF BURIAL <u>Apr. 24, 1921</u>
20 UNDERTAKER <u>Edw. Holman</u> 270 2nd	

Seeley