

OREGON STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Sherman State Ore State Registered No. _____
 Township _____ or Village 10 miles east of Wasco or _____
 City Wasco No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

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

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>single</u>		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6 DATE OF BIRTH (month, day, and year) <u>Mar. 31 1919</u>				
7 AGE		Years	Months	Days
			<u>4</u>	<u>10</u>
			If less than 1 day, hrs. or min.	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At home child</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9 BIRTHPLACE (city or town) <u>County 10 miles east of Wasco</u> (State or country)				
PARENTS	10 NAME OF FATHER <u>Lucius Roy Seeley</u>			
	11 BIRTHPLACE OF FATHER (city or town) <u>Woodbury Or</u> (State or country)			
	12 MAIDEN NAME OF MOTHER <u>Grace Aker</u>			
	13 BIRTHPLACE OF MOTHER (city or town) <u>Wasco</u> (State or country)			
14 Informant <u>Mr. J. P. Seeley</u> (Address) <u>1011 1/2 St. Wasco</u>				
15 Filed <u>Aug 19 1919</u> <u>W. E. Tate</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year) <u>Aug 19 1919</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>Mar 31 1919</u> to <u>Aug 19 1919</u> , that I last saw him alive on <u>Aug 19 1919</u> and that death occurred on the date stated above, at <u>6:20 P.</u> m.	
The CAUSE OF DEATH* was as follows: <u>Broncho pneumonia</u>	
(duration) yrs. mos. <u>10</u> days.	
CONTRIBUTORY <u>Chronic enteritis</u> (Secondary)	
(duration) yrs. mos. <u>3</u> days.	
18 Where was disease contracted <u>At home</u> 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>Physician's findings</u> (Signed) <u>S. P. Rachel M. D.</u> 19 _____ (Address) <u>Wasco - Or.</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>Sunrise Cemetery Wasco</u>	DATE OF BURIAL <u>Aug 20 1919</u>
20 UNDERTAKER <u>none</u>	ADDRESS _____

Seeley