

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

1 PLACE OF DEATH Malheur State Registered No. 44
 County Malheur State Ore Local Registered No. 79
 Township _____ or Village Ontario or _____
 City Ontario Ore No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME William Thomas Seeley
 (a) Residence. No. Kendrick Ida 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 Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of Beulah Seeley (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) _____

7 AGE Years Months Days If less than 1 day, hrs. or min.
53 _____ 1 27 _____

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Doctor M.D.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) Idaho (State or country) _____

10 NAME OF FATHER _____

11 BIRTHPLACE OF FATHER (city or town) Illinois (State or country) _____

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Idaho (State or country) _____

14 Informant Beulah Seeley (Address) Kendrick Ida

15 Filed 7-7-26 R.O. Payne Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/4 1926 to 7/4 1926 that I last saw him alive on 7/4 1926 and that death occurred on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:
Automobile accident
Compound fracture left femur
and right knee - Splined and
fractured - splined
 (duration) _____ yrs. _____ mos. _____ days

CONTRIBUTORY Profound shock (Secondary)
 (duration) (180) yrs. _____ mos. _____ days

18 Where was disease contracted Idaho if not at place of death? Cambridge Idaho

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Plumose
 (Signed) James C. Barthel, M. D.
7/4, 1926 (Address) Ontario Oregon

* 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 Kendrick Ida DATE OF BURIAL 7-7-26

20 UNDERTAKER J. & Adams ADDRESS Payette Idaho
Wilson's Fun Co. Ontario

Seeley