

OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Multnomah B9-19089 State Ore. State Registered No. 1773
 Local Registered No. 60
 Township _____ or Village _____ or
 City Portland No. 1608, Olin St. St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Zenas Large Seeley ✓
 (a) Residence. No. 1608 Olin St. St., _____
(Usual place of abode) (if nonresident, give city or town and state)
 Length of residence in city or town where death occurred 5 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 (or) WIFE of Belle Seeley				
6 DATE OF BIRTH (month, day, and year) April 19, 1854				
7 AGE	Years 70	Months 2	Days 19	If less than 1 day, ___ hrs. or ___ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Painter (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer _____				
9 BIRTHPLACE (city or town) Laceyville (State or country) Penna.				
10 NAME OF FATHER Luther Seeley.				
PARENTS	11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Penna.			
	12 MAIDEN NAME OF MOTHER Lucinda Cooley			
	13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Penna.			
14 Informant <u>R. E. Seeley</u> (Address) <u>1776 Harrison St. Rose City, Ore.</u>				
15 Filed <u>9-9-</u> 19 <u>24</u> <u>D. S. Parrish</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year) <u>July 8 1924</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>July 6</u> 19 <u>24</u> , to <u>July 8</u> 19 <u>24</u> , that I last saw him alive on <u>July 8th</u> 19 <u>24</u> , and that death occurred on the date stated above, at <u>1:15 P.</u> m.	
The CAUSE OF DEATH* was as follows: <u>Cerebral Haemorrhage</u>	
_____ (duration) _____ yrs., _____ mos., <u>3</u> days.	
CONTRIBUTORY <u>slowed arteries</u> (Secondary) <u>unknown</u> (duration) _____ yrs., _____ mos., _____ days.	
18 Where was disease contracted _____ 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? _____	
(Signed) <u>Elardiel</u> M. D. <u>July 8</u> 19 <u>24</u> (Address) <u>75-9-72 2nd St. N.</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>St. Rose City Cem</u>	DATE OF BURIAL <u>July 11 - 1924</u>
20 UNDERTAKER <u>Chambers & Son</u>	ADDRESS <u>City, Mo</u>

Seeley