

**CERTIFICATE OF DEATH.**

DATE OF DEATH 3-1-1916 Registered No. 1280  
 County of Benton  
 or City of Kovallis No. \_\_\_\_\_ Street. \_\_\_\_\_  
(If in country, distance and direction from city.) [If death occurred in a Hospital or Institution give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Boyd Ferguson Seeley

**PERSONAL AND STATISTICAL PARTICULARS.**

Sex male Color white  
 Date of Birth March 5, 1909  
Month Day Year  
 Age 74 years, 0 months, 8 days.  
 Single, Married, Widowed, or Divorced married  
 Birthplace Pa  
State or Country  
 Name of Father Seeley  
 Birthplace of Father -  
State or Country  
 Maiden Name of Mother Ferguson  
 Birthplace of Mother -  
State or Country  
 Occupation Farmer

The above stated personal particulars are true to the best of my knowledge and belief  
 Informant) Moria Allen  
 (Address) Kovallis Or  
 Filed \_\_\_\_\_  
 \_\_\_\_\_ 190\_\_\_\_ Registrar.

**MEDICAL CERTIFICATE OF DEATH.**

Date of Death March 13, 1909  
Month Day Year  
 I HEREBY CERTIFY, That I attended deceased from March 5, 1909, to March 13, 1909  
 that I last saw him alive on Mar 13, 1909  
 and that death occurred, on the date stated above, at 4 P.M.  
 The CAUSE OF DEATH was as follows:  
Broncho-Pneumonia  
 \_\_\_\_\_ (DURATION) 11 days  
 Contributory \_\_\_\_\_ (DURATION) \_\_\_\_\_ days  
 (Signed) J. S. Perrot M. D.  
 \_\_\_\_\_ 190\_\_\_\_ (Address)

**SPECIAL INFORMATION** only for Hospitals, Institutions, Transients or Recent Residents.  
 Former or Usual Residence \_\_\_\_\_ How long at Place of Death? \_\_\_\_\_ Days  
 Where was disease contracted if not at place of death? \_\_\_\_\_  
 Place of Burial or Removal Odd Fellows Cemetery Date of Burial Mar 15, 190\_\_\_\_  
 Undertaker Mr. Brown Address Kovallis Or

*Seeley*