

Oregon State Board of Health

Certificate of Death

State Registered No. **2446**
Local Registered No. **2503**

1. PLACE OF DEATH
County Multnomah State Oregon
Township _____ or Village _____ OR
City Portland No. 125 N. W. 20th Place, St., _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street number)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Affa S. Seeley
(a) Residence: No. 125 N. W. 20th Place St., _____
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>widow</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>James</u>		
6. DATE OF BIRTH (month, day and year) <u>March 2, 1846</u>		
7. AGE	Years <u>92</u>	Months <u>5</u>
	Days <u>1</u>	If less than 1 day, hrs or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done as silk mill, sawmill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) <u>Tunkhannock</u> (State or country) <u>Pennsylvania</u>		
FATHER	13. NAME <u>Samuel Stark</u>	
	14. BIRTHPLACE (city or town) <u>Pennsylvania</u> (state or country)	
MOTHER	15. MAIDEN NAME <u>Marcey</u>	
	16. BIRTHPLACE (city or town) <u>Pennsylvania</u> (State or country)	
17. INFORMANT <u>Paul S. Seeley</u> (Address) <u>1834 S. W. Vista Ave.</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Portland Crematorium</u> Date <u>Aug. 5</u> , 19 <u>38</u>		
19. UNDERTAKER <u>J. P. FINLEY & SON</u> (Address) <u>Portland, Oregon</u>		
20. Filed _____, 19 <u>38</u> <u>AUG 4 1938</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____
Exam., 1938, to Inquiry, 19____,
that I last saw h____ alive on _____, 19____; death is said
to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order
of onset were as follows:
Generalized arterio sclerosis
and senility.
Date of onset _____

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____
(Signed) R. M. Erwin, Coroner, M. D.
(Address) By J. W. Snook Deputy

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