

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

1 PLACE OF DEATH Memor State Registered No. 671
 County ORE State ORE Local Registered No. 546
 Township _____ or Village _____ or
 City Salem No. Ore State Hosp St. 5 Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 2 FULL NAME Charles Seeley
 (a) Residence, No. _____, _____ St., Beaverton
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred yrs 10 mos 27 How long in U. S., if of foreign birth? yrs _____ ds. Life

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>widowed</u>
6a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Marjorie</u>		
6 DATE OF BIRTH (month, day and year) <u>1886</u>		
7 AGE	Years <u>69</u>	Months Days If less than 1 day, ____ hrs. or ____ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Night Watchman</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9 BIRTHPLACE (city or town) (State or country) <u>ASH</u>		
PARENTS	10 NAME OF FATHER <u>Peter Seeley</u>	
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Marjorie</u>	
	12 MAIDEN NAME OF MOTHER <u>Marjorie</u>	
	13 BIRTHPLACE OF MOTHER (city or town) (State or country)	
14 Informant <u>Ore State Hosp Records</u> (Address) <u>Salem Ore</u>		
15 Filed <u>Oct 6</u> 19 <u>25</u> <u>H. M. B. Mott</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1925
 17 I HEREBY CERTIFY That I attended deceased from Nov 7 1924 to Oct 4 1925 that I last saw him alive on Sept 19 1925 and that death occurred on the date stated above, at 8:30 p. m.
 The CAUSE OF DEATH* was as follows:
Cerebral Thrombosis
 (duration) _____ yrs. _____ mos. _____ days.
 CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ days.
 18 Where was disease contracted Multnomah if not at place of death?
 Did an operation precede death? no Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis?
 (Signed) O. B. Bates M. D.
Oct 4 1925 (Address) Salem Ore
 * 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 Northland An. DATE OF BURIAL Oct 1925
 20 UNDERTAKER Salem Mortuary ADDRESS Salem Ore

Seeley