

Oregon State Board of Health

Certificate of Death

State Registered No. **171**  
 Local Registered No. **96**

1. PLACE OF DEATH  
 County **Marion** State **Oregon**  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City **Salem** No. **Salem Deaconess Hospital** 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 yrs mos. **3** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME **Charles Seeley**  
 (a) Residence: No. **R. F. D.**, **Marion County Poor Farm** St. **Salem, Oregon**  
 (Usual place of abode) (If nonresident, give city or town and state)

**PERSONAL AND STATISTICAL PARTICULARS**

8. SEX **male** 4. COLOR OR RACE **white** 5. Single, Married, Widowed or divorced (write the word) **single**

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~

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

7. AGE Years **67** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than 1 day, \_\_\_ hrs. or \_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Butcher**

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) (State or country) **Minn.**

FATHER 13. NAME **Isaac Seeley**

14. BIRTHPLACE (city or town) (State or country) **unknown**

MOTHER 15. MAIDEN NAME **"**

16. BIRTHPLACE (city or town) (State or country) **"**

17. INFORMANT **E. H. Conklin**  
 (Address) **Salem, Ore. R-4**

18. BURIAL, CREMATION OR REMOVAL  
 Place **City View** Date **April 2** 19. **31**

19. UNDERTAKER **W. T. Rigdon & Son**  
 (Address) **Salem, Oregon**

20. Filed **4-1-31**, 19. \_\_\_\_\_ Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) **March 31, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 25**, 19**31**, to **Mar 31**, 19**31**, that I last saw him alive on **Mar 21**, 19**31**; death is said to have occurred on the date stated above, at **10:00 Am.**  
 The principal cause of death and related causes of importance in order or onset were as follows:  
**Myocarditis chronic** Date of onset **unk**

Contributory causes of importance not related to principal cause:  
**930**

Name of operation \_\_\_\_\_ Date of **31**  
 What test confirmed diagnosis **Clinical** 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) **Jorden E. Hockett** M. D.  
 (Address) **Salem, Oregon**

Seeley