

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

1 PLACE OF DEATH
 County Multnomah State OR State Registered No. 746
 Local Registered No. 163
 Township _____ or Village _____ or
 City Portland No. 101 Olympia St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 2 FULL NAME Charles R Seeley
 (a) Residence. No. 101 Olympia St., _____ (If nonresident, give city or town and state)
 (Usual place of abode)
 Length of residence in city or town where death occurred 7 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
 6a If married, widowed, or divorced HUSBAND of Mary J Seeley (occ. ~~WIFE of~~)
 6 DATE OF BIRTH (month, day, and year) 6/5/1859
 7 AGE Years 69 Months 9 Days 13 If less than 1 day, _____ hrs. or _____ min.
 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Painter
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) Elizabethtown (State or country) Penn
 10 NAME OF FATHER Roscoe Seeley
 11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____
 12 MAIDEN NAME OF MOTHER Crawford
 13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____

14 Informant Mrs Mary J Seeley 34 (Address) 101 Olympia St, Portland
 15 Filed Mar 24 1924 Dr. Parry Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18 1924
 17 I HEREBY CERTIFY, That I attended deceased from 12-1-1923, to 3-18-1924 that I last saw him alive on 3-18-1924 and that death occurred on the date stated above, at 8 m.
 The CAUSE OF DEATH* was as follows:
Chronic Vascular heart disease
 (duration) 4 yrs., _____ mos., _____ days.
 CONTRIBUTORY (Secondary) _____ (duration) _____ yrs., _____ mos., _____ days.
 18 Where was disease contracted if not at place of death? ?
 Did an operation precede death? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? Physician
 (Signed) Charles M. D.
3-20-, 1924 (Address) Portland OR

* 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 Yauhill OR DATE OF BURIAL 3/24 1924
 UNDERTAKER St. Johns Undertaking Co. ADDRESS 114 Throai

Seeley