1. PLACE OF DEATH. (d) County Polit. (d) Cluty two Finds of State of Stat	Division of Vital		STATE O	F OREGON 1	ocal Registrar's No
(a) County Folic, (b) City or town Interest State Creeking to the continuity or town in the control of institution: (c) Name of hospital or institution: (d) Length of stay: In hospital or institution: In this community I Yr In state (d) Length of stay: In hospital or institution: In this community I Yr In state (e) If foreign born, how long in U. S. A7 years Inc. (ii) Interest No. (ii) Interest No. (ii) Interest No. (iii)	1. PLACE OF DEATH:			2. USUAL RESIDENCE OF DECEAS	BD:
(c) Other or form 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	2011		1)	•
(c) Name of hospital or institution: (If not is hospital or institution in this community in the present of days. 3. (a) FULL NAME ENTI JAMES SOCIETY No.542-OI-65 (b) Name of husband or wife 6. (c) Asc of husband or wife No.642-OI-65 (c) Name of husband or wife (d) Street No. (If rural gire location) (e) If foreign born, how long in U. S. A7 years years. MEDICAL CERTIFICATION 2. (a) FULL NAME ENTI JAMES SOCIETY No.542-OI-65 (c) Name of husband or wife (d) Street No. (If rural gire location) (e) If foreign born, how long in U. S. A7 years years. It has been death in Month James and the foreign country in the property of the street of death. MEDICAL CERTIFICATION 2. Date of death: Month James and hour stated above. MEDICAL CERTIFICATION 2. Date of death: Month James and hour stated above. No.542-OI-65 2. It hereby certify that I stended the deceased type on the date and hour stated above. MEDICAL CERTIFICATION 2. Date of death: Month James and hour stated above. MEDICAL CERTIFICATION 2. Date of death: Month James and hour stated above. MEDICAL CERTIFICATION 2. Date of death: Month James and hour stated above. MEDICAL CERTIFICATION 2. Date of death: Month James and hour stated above. MEDICAL CERTIFICATION 2. Date of death: Month James and hour stated above. MEDICAL CERTIFICATION 2. Li hereby certify that I stended the deceased type on the date and hour stated above. MEDICAL CERTIFICATION 2. Li hereby certify that I stended the deceased type on the date and hour stated above. MEDICAL CERTIFICATION 2. Li hereby certify that I stended the deceased type on the date and hour stated above. MEDICAL CERTIFICATION 2. Li hereby certify that I stended the deceased type on the date and hour stated above. MEDICAL CERTIFICATION 2. Date of death: Month James and ho	_ C			(a) City on terms	
(d) Length of stay: In hospital or institution In this community Prest, months of stay: In hospital or institution In this community Prest, months of days) 3. (a) FULL NAME BARI JAMES SQQ LQY 3. (b) If veteran, No. 542-01-67 4. (c) Scoolal Security No. 542-01-67 5. (c) Scoolal Security No. 542-01-67 6. (c) As of husband or wife NAME SQC LQY 6. (c) As of husband or wife NAME SQC LQY 7. Birth date of deceased NOY TO-1873 6. (c) As of husband or wife NAME SQC LQY 8. Birthplace City, toya, or county) 18. Visual occupation 19. Marie Oran Sqc lqy 19. Marie (City, toya, or county) 18. Marie Oran Sqc lqy 19. Marie (City, toya, or county) 18. Marie Oran Sqc lqy 19. Marie (City, toya, or county) 29. Date of death; Month Jiiia 29. Date of death; Month Jiiia 20. A Date of death; Month Jiiia 21. Harethy or tity that I attended the deceased trym 21. Harethy or tity that I attended the deceased trym 29. Date of death; Month Jiiia 20. A Grade 21. Harethy or tity 20. A Grade 20	(b) City or town	TIT SQUARES SILY OF LOW	limits write RURAL)	(If outside	oity or town limits write BURAL)
(d) Length of stay: In hospital or institution that tested number or location) (d) Length of stay: In hospital or institution that the following in this community I Yr In state Y Yr Yr In state Y Yr In state Y Yr Yr Yr In state Y Yr Yr Yr In state Y Yr Y	(c) Name of hospital	or institution:		(4) (4	
In this community TYP. In state (Specify spiriting Test, mentits of days) 3. (a) FULL NAME BOYL JUNGS SOCIETY No. 542-01-64 S. (b) Store of Market Month INDA S. (c) Store of Society No. 542-01-65 No. 542-01-65 S. (c) Store of Market Month INDA S. (c) Store of Market Month INDA S. (c) Store of Market Month INDA SOCIETY In string seriffy that I attended the decessed from Month MARS SOCIETY IN allow GA years S. (c) Age of humband or wife S. (d) Name of humband or wife S. (d) Age of humband or wife MARS SOCIETY IN allow GA INDA IN allow GA In mediate cause of death Industry or business SACV MILL II. Industry or business SACV MILL II. Meastry or business SACV MILL III. Meastry or business SACV MILL III. Malater or business SACV MILL III. Ya Other conditions (Industry occur within 3 months of death) Malater findings In all death was due to external causes, IIII in the following: (a) Address Months Mill III. Malater or or business SACV MILL (a) Address Months Mill III. Malater or or business SACV MILL III. Malater or or should home, on farm, in industrial place, in public place? While at a bright MILL (a)	(If not in ho	spital or institution write 3	rest number or location)		f rural give location)
In this community TYTA In state 40 YTTS 3. (a) FULL NAME BOIL JOINGS SOCIETY 3. (b) If veteran, name war IOs No. 648-01-65 3. (c) Social Security No. 658-01-65 3. (c) Social Security No. 658-01-65 4. (d) Single, widowed, married, divorced Int. 7100 divorce	(d) Length of stay:	In hospital or instituti	onn		
3. (a) FULL NAME EARL JAMES Seeley. 3. (b) If veteran, name war NO		y I Yra:	in state 43 YTS.	(e) If foreign born, how long in U.	S. A? years.
3. (c) Social Security No. 122-01-61 S. Color or No. 122-01 S. Color or N	years, months or day	<u>**)</u>		1	W 2007
3. (b) If veteran, name war	3. (a) FULL NAME _	Earl Jam	es Seeley.	1	_
name war No. 542-01-67 S. Color or S. Color or G. (a) Single, widowed married, divorced In will at a set that I attended the deceased from Man Social Sylve To-1873 (Month) (Day) (Year) B. Birth place (City, toyn, or county) (State or foreign country) B. Birth place (City, toyn, or county) (State or foreign country) B. Birth place (City, toyn, or county) (State or foreign country) B. Birth place (City, toyn, or county) (State or foreign country) B. Birth place (City, toyn, or county) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) B. Birth place (City, toyn, or country) (State or foreign country) City or town) (City or town) (Country) (State) Color or town (City or town) (Cit	3. (b) If veteran.	3	(c) Social Security		· y
Scoler or Scol	•	•-		41.7 C)	
4 Set 16; race Mitte; divorced 15 mided. 5. (b) Name of husband or wife		lon on (6 (a)		21. I hereby certify that I attended the	ne deceased from May
6. (c) Name of husband or wife MAS Seeley, If alive 64 years 7. Birth date of deceased Nov. 20-1873 (Month) Days If less than one day Birthplace (City, town, or country) 18. Usual occupation While a country of business Say Mill 11. Industry or business Say Mill 12. Name Oran Saeley 13. Birthplace (City, town, or country) (City, town, or country) (City, town, or country) (State or foreign country) 14. Malden name 15. Birthplace (City, town, or country) (City, town, or country) (City, town, or country) (State or foreign country) (State or foreign country) 16. (a) Informant's own signature Mal C. (Burial, cremation, or remoral) (c) Place: burial or cremation Cregon City, Oracy (c) Place: burial or cremation Cregon City, Oracy (c) Place: burial or cremation Cregon City, Oracy (d) Address Monmoulth Oragon Walter Le Smith (b) Address Monmoulth Oragon Walter Le Smith (b) Address Monmoulth Oragon Walter Le Smith (c) Magnetic death Month Stream death Orac Smith Due to Other conditions (Include pregnancy within 3 months of death) Major findings: Of autopsy 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur in or about home, on farm, in industrial place, in public place? While at wards (e) Magnety of place (figure of place) Walter Le Smith (e) Magnety of place (figure of place) While at wards (figure of place) While		Whatta	- Do received	19 7, to 10	trial I last saw halive
MAGE See lay			myorceu	on may 27, 1942	and that death occurred on the date
1. Birth date of deceased Nov. 10-1875 (Month) (Day) (Year) 2. AGE: Years Months Days If less than one day 69 5. Birthplace (City, town, or county) (State or foreign country) 11. Industry or business Saw Mill. 11. Name Oran Saeley 12. Name Oran Saeley 13. Birthplace (City, town, or county) (State or foreign country) 14. Maiden name 15. Birthplace (City, town, or county) (State or foreign country) 15. Birthplace (City, town, or county) (State or foreign country) 16. (a) Informant's own signature Mal. (State or foreign country) 17. (a) Burial (b) Address Independence Oregon 18. (a) Signature of funeral director Walter L. Smith (b) Address Monmoutth Oregone 18. (a) Signature of funeral director Walter L. Smith (b) Address Monmoutth Oregone 19. (a) Country (State) (City or town) (Country) (Cit	(-,		,	and nour stated above.	(9110)
(Month) (Day) (Year) 8. AGE: Years Months Days If less than one day 69		NT 17.0		Immediate cause of death	1770) Duration
B. AGE: Years Months Days If less than one day 69	7. Birth date of decease			angua se	como ayear
Due to Due to Du	& AGE: Years	 _			ohm
S. Birthplace (City, toyn, or country) (State or foreign country)				Due to	
(City, toym, or county) 18. Usual occupation MALCHMAN 11. Industry or business Say Mill. 12. Name Oren Seeley 13. Birthplace (City, toym or gounty) Ry (State or foreign country) 14. Maiden name 15. Birthplace (City, toym or county) 15. Birthplace (City, toym or county) 16. (c) Informant's own signature Mal O. Sally 17. (a) Burial cremation, or remoral) 18. (c) Place: burial or cremation Oregon City, Oregon 19. (a) Signature of funeral director Walter Le Smith (b) Address Monmonth Oregon 19. (a) Englater of funeral director Walter Le Smith (b) Address Monmonth Oregon (c) Place: burial or cremation Oregon (d) Did injury occur in or about home, on farm, in industrial place, in public place? (d) Did injury occur in or about home, on farm, in industrial place, in public place? While at war of Mems of injury Address Monmonth Oregon (a) Address Monmonth Oregon (b) Address Monmonth Oregon (c) Mems of injury 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place? While at war of Mems of injury Address Date signed	69				
18. Usual occupation Watchman, 11. Industry or business Saw Mills 12. Name Oran Saeley 13. Birthplace (City. town or county) Pyon State or foreign country) 14. Maiden name (City. town, or county) (State or foreign country) 15. Birthplace (City, town, or county) (State or foreign country) 16. (a) Informant's own signature Mal Personal (State or foreign country) 17. (a) Birthplace (City. town, or county) (b) Date thereof Jing II-4 (Month) (Day) (Year) (b) Address Independence Oregonal (Month) (Day) (Year) (c) Place: burial or cremation or removal) (d) Date of occurrence (e) Place: burial or cremation or removal) (b) Address Monmont th Oregone Walter I. Smith (b) Address Monmont th Oregone (Specify type of place) (c) Where did injury occur in or about home, on farm, in industrial place, in public place? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Monn of july (State) (f) Monn of july (Specify type of place) While at warp? (Specify type of place) While at warp? (Specify type of place) While at warp? (Specify type of place) (g) Monn of july (Monn) (Mo	9. Birthplace		Neb.	Due to	
11. Industry or business SAN Mills 12. Name Oran Saelay 13. Birthplace (City, town, or county) 14. Maiden name 15. Birthplace (City, town, or county) 16. (a) Informant's own signature Mal C. Sellay (b) Address Independence Oragona (c) Place: burial or cremation (Pagon City, Orac) (c) Place: burial or cremation (Pagon City, Orac) (d) Address Monmonth Oragon (e) Place: burial or cremation (Pagon City, Orac) (b) Address Monmonth Oragon (c) Place: burial or cremation (Pagon City, Orac) (d) Did injury occur? (City or town) (County) (State) (e) Mass of injury 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur? (Specify type of place) While at Page? (a) Mass of injury 23. Signature Date signed (a) Address (b) Date signed (a) Address (b) Date signed (a) Address (b) Address (c) Mass of injury (c) Mass of injur			(prave or loseign connerty)		
12. Name Oran Saelay (Include pregnancy within 8 months of death) (Inderline the cause to which death) (City, town of county) (State or foreign country) (State or foreign country) (State or foreign country) (City, town, or country) (State or foreign country) (City, town, or country) (State or foreign country) (City, town, or country) (City or town) (Country) (City, town, or country) (City,					
13. Birthplace (City, town or county) (State or foreign country) 14. Maiden name (City, town, or county) (State or foreign country) 15. Birthplace (City, town, or county) (State or foreign country) 16. (a) Informant's own signature Mal O. State or foreign country) 17. (a) Birtial (Burial, cremation, or removal) (b) Date thereof Jine II-4 (Month) (Day) (Year) 18. (a) Signature of funeral director Walter I. Smith (b) Address Monmouth Oregon City, Oregon (Month) (Day) (Year) (b) Address Monmouth Oregon City, Oregon (Month) (Day) (Year) (c) Place: burial or cremation Oregon City, Oregon (City or town) (Country) (State) 18. (a) Signature of funeral director Walter I. Smith (b) Address Monmouth Oregon (Registrar's signature) 19. (a) 6/9/42 (b) Mema of jajury 22. Signature of funeral director (Registrar's signature) (c) Where did injury occur? (Registrar's signature) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Registrar's signature) (a) Address Major findings: Of operations (Of autopsy) (b) Address Major findings: Of operations (Of autopsy) (d) Address Major findings: Of operations (Of autopsy) (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (City or town) (Country) (State) (c) Where did injury occur? (Registrar's signature)		Oren Seeler	7		PHYSICIAN
18. Birthplace (City. town, or county) 19. (a) Informant's own signature Mal G. Selfy (Burial, cremation, or removal) (c) Place: burial or cremation Oragon City, Oragon (b) Address Monmouth Oragon (c) Place: burial or cremation Oragon (d) Signature of funeral director Malter L. Smith (b) Address Monmouth Oragon (c) Place: burial or cremation Oragon (d) Address Monmouth Oragon (e) Place: burial or cremation Oragon (figure of funeral director Malter L. Smith (d) Date of occurrence (e) Where did injury occur? (figure of funeral director Malter L. Smith (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Magna of jajury 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Magna of jajury 23. Signature Addred Magna of jajury 24. Addred Magna of jajury 25. Signature (a) Addred Magna of jajury 26. Signature (b) Addred Magna of jajury 27. Signature (c) Magna of jajury (d) Date steedy type of place) (e) Magna of jajury (figure town) (County) (State) (g) Magna of jajury	a la Name	<u> </u>	71 V -		
16. (a) Informant's own signature Mal O. State or foreign country) 17. (a) Birrial (b) Date thereof Jing II-4 (Month) (Day) (Year) (c) Place: burial or cremation Oragon City, Oragon (b) Address Monmouth Oragon City, Oragon (c) Place: burial or cremation Oragon City, Oragon (d) Address Monmouth Oragon (e) Place: burial or cremation Oragon City, Oragon (f) Address Monmouth Oragon (g) Address Monmouth Oragon (g) Address Monmouth Oragon (g) Address Monmouth Oragon (g) Moss of jajury (h) Moss of jajury (h) Address Monmouth Oragon (h) Address Monmouth O	13, Birthplace (C	its, toping of equatry)	(State or foreign country)	Of operations	the cause
16. (a) Informant's own signature Mal C. Seelly (b) Address Independence Oregona 17. (a) Burial remation, or removal) (c) Place: burial or cremation Oregon City, Oregona (b) Address Monmouth Oregon (c) Place: burial or cremation Oregon (d) Date of occurrence (e) Where did injury occur? (figural, cremation or cremation Oregon City, Oregonal in public place? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of jury 19. (a) 6/9/42 (b) Means of jury 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of jury 23. Signature Address Monmouth Date signed	14. Malden name		V TT		death
16. (a) Informant's own signature Mal O. Selly (b) Address Independence Oregon 17. (a) Burial (Burial, cremation, or removal) (c) Place: burial or cremation Oregon City, Oregon 18. (a) Signature of funeral director Walter L. Smith (b) Address Monmouth Oregon (c) Where did injury occur? (d) Did injury occur? (d) Did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Megna of jejury 19. (a) 6/9/42 (b) Megna of jejury 23. Signature Address Monmouth Date signed (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur? (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur? (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur? (d) Did injury occur? (e) Megna of jejury 25. Signature Address Megna of jejury 26. Megna of jejury 27. If death was due to external causes, fill in the following:	15. Birthplace	tv. town. or county)		Of autopsy	charged
(c) Place: burial or cremation Oregon City, Oregon (City or town) (County) (State) 18. (a) Signature of funeral director Walter Le Smith, (b) Address Monmouth Oregon. (b) Address Monmouth Oregon. (c) Place: burial or cremation Oregon City, Oregon. (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at warp? (Specify type of place) (Specify type of place) While at warp? (Specify type of place) (Specify type of place) While at warp? (Specify type of place) (Specify type of place) While at warp? (Specify type of place) (Specify type of place)	,		m 0 0.		- Statistically
17. (a) Bil rial (Burial, cremation, or removal) (b) Date thereof Jine II-4 (Eurial, cremation, or removal) (c) Place: burial or cremation Oragon City, Orago (d) Date of occurrence (e) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at Arris? (e) Means of injury 23. Signature of place of occurrence (City or town) (County) (State) (d) Did injury occur? (Specify type of place) While at Arris? (e) Means of injury (county) (State) (e) Means of injury (county) (State) (f) Date received local registrar (f) (Specify type of place) (g) Means of injury (f) (Date received local registrar)			W. Selley	22. If death was due to external caus	es, fill in the following:
17. (a) BITTEL (b) Date thereof JIME 1—4 (Month) (Day) (Year) (c) Place: burial or cremation Oragon City, Orago (City or town) (County) (State) 18. (a) Signature of funeral director Walter L. Smith (b) Address Monmouth Oragon. 19. (a) 6/9/42 (b) Memory (Engistrar) (Engistrar's signature) 19. (a) 6/9/42 (b) Memory (Engistrar's signature) 19. (a) 6/9/42 (b) Memory (Engistrar's signature) 19. (a) 6/9/42 (b) Memory (Engistrar's signature)	(b) Address			(a) Accident, suicide, or homicide	(specify)
(c) Place: burial or cremation (Indian City, Orac) (d) Did injury occur? (City or town) (County) (State) (e) Where did injury occur? (City or town) (County) (State) (f) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) (g) Address (Specify type of place) While at war as (e) Means of injury 23. Signature (City or town) (County) (State) (g) Address (Specify type of place) (g) Means of injury (City or town) (County) (State) (g) Address (Specify type of place) (g) Address (G) Means of injury (City or town) (County) (State) (g) Address (G	17. (a) Bil Mila	or removal)	hereof (17118 11 mm4	(b) Date of occurrence	-
(City or town) (County) (State) 18. (a) Signature of funeral director Walter Le Smith, (b) Address Monmonth Oregon. (c) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at April (e) Megms of injury 23. Signature Address Address Signature)	•				
18. (a) Signature of funeral director MELLER DOMNOUTH OFEGON. (b) Address Monmouth Oregon. (c) Mems of injury 19. (a) 6/9/42 (b) Address (Registrar's signatury) (C) Address Monmouth Oregon. (Specify type of place) While at warja? (a) Mems of injury 23. Signature Address Address (Registrar's signature)			υ, υ	l	
(b) Address Monmonth Oragon. (b) Address Monmonth Oragon. (c) Means of injury (e) Means of injury (e) Means of injury (foliate received local registrar) (c) Address Monmonth Oragon. (d) Address Monmonth Oragon. (e) Means of injury (e) Means	18. (a) Signature of fun	eral director Walt	er L. Smith.		nome, on tarm, in inquernat place,
19. (a) 6/9/42 (b) Allow Steinker 23. Signature Address registrar) (Registrar's signature) Address received local registrar)	(b) AddressM(onmouth Ore	gon.		
19. (a) 6/9/42 (b) Addred local registrar) (Begistrar's signature) Addred Signed Older (a) 0/9/42		1/1	. (4	01 - 0 -	(e) Means of injury
(Date received local registrar) (Registrar's signatury)	10 6/9/4	= (b) Alle	n Stuker	23. Signatus	M. D. or other)
99/42	(Date received local regis	strar) (1	legistrar's signatury)	Addre	Date signed
			V	/	6/9/42
	· . · · · ·			****	
	AK				
	7,7				