

1. PLACE OF DEATH:

(a) County Polk,

(b) City or town Independence,
(If outside city or town limits write RURAL)

(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 1 Yr. In state 45 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon, (b) County Polk,

(c) City or town _____
(If outside city or town limits write RURAL)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) FULL NAME Earl James Seeley,

3. (b) If veteran, name war No. **3. (c) Social Security** No. 542-01-6576

4. SEX Male, **5. Color or race** White, **6. (a) Single, widowed, married, divorced** Married.

6. (b) Name of husband or wife Mae Seeley, **6. (c) Age of husband or wife** if alive 64 years

7. Birth date of deceased Nov. 30-1873
(Month) (Day) (Year)

8. AGE: Years 69 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman,

11. Industry or business Saw Mill.

12. Name Oren Seeley,

13. Birthplace _____ N. Y.
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Ryan,

15. Birthplace _____ N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mae A. Seeley

(b) Address Independence Oregon

17. (a) Burial **(b) Date thereof** June 11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon City, Oreg.

18. (a) Signature of funeral director Walter L. Smith,

(b) Address Monmouth Oregon.

19. (a) 6/9/42 **(b)** Helen Steyber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month June, day 8 year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 19
42 to June 8, 1942 if I last saw him/her alive
on May 27, 1942 and that death occurred on the date
and hour stated above.

Immediate cause of death (948) Angina pectoris Duration 2 year chronic

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

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 in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Ellen C. Smith M. D. or other MD

Address Independence **Date signed** Oregon
6/9/42

Seeley