

STATE PRINTING DEPT.

Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death

STATE OF OREGON ⁹³⁰

State File No. **313**
Local Registrar's No. ~~147~~ **147**

1. PLACE OF DEATH:

(a) County Wash

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

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

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 22 yrs In state 32 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Ore (b) County _____

(c) City or town Beaverton
(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 Edith Hattie Seeley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced X

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife _____
if alive _____ years

7. Birth date of deceased April 5th 1871
(Month) (Day) (Year)

8. Age: Years	Months	Days	If less than one day
72	4	29	hr. _____ min. _____

9. Birthplace Marshall, Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation home

11. Industry or business _____

12. Name Charles Crover

13. Birthplace unk
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Northrup

15. Birthplace unk
(City, town, or county) (State or foreign country)

18. (a) Informant's own signature Mrs. A. K. Houghton

(b) Address 311 SW 5th Ave.

17. (a) removal (b) Date thereof 9-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation XXXXXXX Newberg Oregon

18. (a) Signature of funeral director J. P. Finley & Son

(b) Address 432 SW Montgomery St. SE 91

19. (a) SEP 7 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept day 4
year 1943 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from June-22-43
1943 to Sept-2, 1943; that I last saw her alive
on Sept-2, 1943; and that death occurred on the date
and hour stated above.

Immediate cause of death Myocardial failure Duration _____
Starvation, following 83d
paralysis of muscles of throat; 2 wks.
due part to an infectious
paralysis involving whole left
arm 1942; due to a cerebral
Hemorrhage - 3 months ago.

Other conditions Mental deterioration.

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 _____

Signature R. G. [Signature] (M. D. or other) M.D.

Address Beaverton Ore. Date signed Sept. 7-43

important.

Seeley