

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH  
 County Douglas State Oregon State Registered No. 42  
 Local Registered No. 34  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City Roseburg No. Sisters of Mercy 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Seeley  
 (a) Residence: No. \_\_\_\_\_ St., Melrose, Ore.  
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Seeley

6. DATE OF BIRTH (month, day and year) Sept 6-1851

7. AGE Years 87 Months 5 Days 21 If less than 1 day, - hrs. or - min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Aty home

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) 1939, Feby 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Wheeling West Virginia

13. NAME ???? Moran

14. BIRTHPLACE (city or town) (state or country) unknown England

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown unknown

17. INFORMANT Carl Seeley  
 (Address) Melrose, Ore.

18. BURIAL, CREMATION OR REMOVAL  
 Place Melrose, Ore. Date March 2, 1939

19. UNDERTAKER M.E. Ritter  
 (Address) Roseburg, Ore.

20. Filed May 9, 1939 Chas. Brwade MD.  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feby 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 to Feb 27, 1939 that I last saw h alive on Feb 27, 1939 death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance in order of onset were as follows:  
11a) Pulmonary Phlebotomy Date of onset 2-24/39

Contributory causes of importance not related to principal cause:  
(Old eye)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
 If so, specify \_\_\_\_\_  
 (Signed) E. J. Thomsen, M. D.  
 (Address) Roseburg Ore

Seeley