

Oregon State Board of Health

Certificate of Death

57

1. PLACE OF DEATH

County Multnomah State Oregon State Registered No. 3287
 Local Registered No. 3499
 Township _____ or Village _____
 City Portland No. Greenway Apt 622 Irving St or 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 15 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME

Ella Seeley
 (a) Residence: No. 622 Irving St. _____
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. Single, Married, Widowed or divorced (write the word) Divorced

6a. If married, widowed, or divorced HUSBAND of Blairance Seeley (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug 23 - 1894

7. AGE Years Months Days If less than 1 day, ... hrs. or ... min.
72 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ill

18. NAME E Ellen H Seeley

14. BIRTHPLACE (city or town) (State or country) no record

15. MAIDEN NAME no record

16. BIRTHPLACE (city or town) (State or country) no record

17. INFORMANT Mrs Kate Allen (Address) Pomroy Wash.

18. BURIAL, CREMATION OR REMOVAL Place immediately from Date Dec 4, 1930

19. UNDERTAKER Walter T Tracy (Address) Geo up Pomroy

20. Filed EC 4 1930 Registrar John L. Schell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 2, 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1929 to Dec 2, 1930, that I last saw her alive on Dec 1, 1930; death is said to have occurred on the date stated above, at 7:4 m. The principal cause of death and related causes of importance in order or onset were as follows:

Diabetes mellitus Date of onset 1928

Contributory causes of importance not related to principal cause: chronic tubal defect - 1929

Name of operation none Date of _____
 What test confirmed diagnosis? Lab Was there an autopsy? No

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? No If so, specify _____

(Signed) N. L. Trachis M. D.
 (Address) 817 Barrett St

Seeley