

Oregon State Board of Health

Certificate of Death

2-1-27

State Registered No. 103

1. PLACE OF DEATH

County Polk State Oregon Local Registered No. 92
 Township _____ or Village _____ or
 City Independence No. _____ St. _____ Ward _____

Length of residence in city or town where death occurred 1 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME

Eleanor Kimpeling Seeley

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

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Fe 4. COLOR OR RACE Wh 5. Single, Married, Widowed or Divorced (Write the word) Widow

5a. If married, widowed, or divorced HUSBAND of E. A. Seeley (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Jan 18, 1867

7. AGE Years: 88 Months: 8 Days: 11 If less than 1 day, hrs. or min.

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

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) _____ 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME James M. Ryan

14. BIRTHPLACE (city or town) (state or country) Ireland

15. MAIDEN NAME Caroline Thornton

16. BIRTHPLACE (city or town) (state or country) Gaydon, Tennessee, New York

17. INFORMANT Mrs. Annie Swane (address) Independence Oregon

18. BURIAL, CREMATION OR REMOVAL Place Oregon City Date Oct 1st 1935

19. UNDERTAKER Central Burial Home (Address) Independence Oregon

20. Filed Oct 7, 1935 Eleanor Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1935, to Sept 29, 1935 that I last saw her alive on _____, 19____; death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina pectoris Date of onset Sept 12 1935
(94A)

Contributory causes of importance not related to principal cause:

none

Name of physician None Date of _____
 What test confirmed diagnosis? Physician's report Was there an autopsy? Yes

23. If death was due to external cause (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? Yes. If so, specify _____

(Signed) Geo. C. Pratt M. D.
 (Address) Independence Oregon

Seeley