

OREGON STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

1 PLACE OF DEATH 2-1-27 State Registered No. 1114
 County Folk State Oregon Local Registered No. 33
 Township _____ or Village _____ or
 City Independence No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Erastus O'Brien Seeley
 (a) Residence. No. 842 E St. St. _____
(Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 3 yrs. - mos. _____ ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Married</u>
6a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ellen Seeley</u>		
6 DATE OF BIRTH (month, day, and year) <u>Oct. 6, 1846</u>		
7 AGE	Years	Months
	<u>75</u>	<u>11</u>
	Days	If less than
	<u>23</u>	1 day, _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9 BIRTHPLACE (city or town) _____ (State or country) <u>New York State</u>		
PARENTS	10 NAME OF FATHER <u>Adler Seeley</u>	
	11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) <u>Ohio</u>	
	12 MAIDEN NAME OF MOTHER <u>Miss Knaw</u>	
	13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____	
14 Informant <u>Mr. Charles Irvine</u> (Address) <u>Independence Ore</u>		
15 Filed <u>Oct 12</u> , 19 <u>22</u> <u>Oliver D. Hunter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1922

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1921, to Sept 27, 1922, that I last saw him alive on Sept 27, 1922 and that death occurred on the date stated above, at 1:50 p.m.

The CAUSE OF DEATH* was as follows:
Pericardial aneurism
56
 (duration) 2 yrs., _____ mos., _____ days.

CONTRIBUTORY (Secondary) _____
 (duration) _____ yrs., _____ mos., _____ days.

18 Where was disease contracted _____
 if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? 2 necropsies
 (Signed) Miss Dr. Miller, M. D.
Sept 30, 1922 (Address) Independence Ore

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mountain View Cem. Org. City, Ore. Oct 1</u>	DATE OF BURIAL <u>1922</u>
20 UNDERTAKER <u>A. R. Cheney</u>	ADDRESS <u>Independence, Ore.</u>

Seeley