

**1. PLACE OF DEATH:**

(a) County Cosco

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 31 years, months or days In state 36 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Oregon (b) County Cosco

(c) City or town Coguille  
(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.? 36 years.

**3. (a) FULL NAME** Florence Seeley

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

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

**6. (b) Name of husband or wife** Orvan James Seeley **6. (c) Age of husband or wife** if alive \_\_\_\_\_ years

**7. Birth date of deceased** Dec. 19, 1871  
(Month) (Day) (Year)

**8. AGE:** Years 69 Months 4 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Yorkshire England  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife Merchant

**11. Industry or business** Grocery

**12. Name** William Wandle

**13. Birthplace** \_\_\_\_\_ England  
(City, town, or county) (State or foreign country)

**14. Maiden name** Daisy Sweeting

**15. Birthplace** \_\_\_\_\_ England  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Bryant J. Selby

**(b) Address** Coguille, Oregon

**17. (a) Burial** (b) Date thereof 5-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Coguille

**18. (a) Signature of funeral director** Gladye C. Gano

**(b) Address** 190 5th Coupler St. - Coguille

**19. (a) 5-9-41** (b) John A. Seeley  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. Date of death:** Month May day 6  
year 1941 hour 1:00 P.M. minute \_\_\_\_\_

**21. I hereby certify that I attended the deceased from** Jan 1  
1941, to May 6, 1941; that I last saw her alive  
on May 4, 1941; and that death occurred on the date  
and hour stated above.

**Immediate cause of death** Apoplexy **Duration** Short

**Due to** Arteriosclerosis

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**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 \_\_\_\_\_

**23. Signature** Jessie P. Selby (M. D. or other) MD.

**Address** Coguille, Oregon **Date signed** May 7 41

Seeley