

Oregon State Board of Health

Certificate of Death

2511^{32A}

1. PLACE OF DEATH State Registered No. ... County Multnomah State Oregon Local Registered No. 2573 Township ... or Village ... City Portland No. Multnomah Hospital St. ... Ward ... Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Seeley (a) Residence: No. ... Martin Hotel St. (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (Write the word) widowed 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mellie 6. DATE OF BIRTH (month, day and year) Jan. 5, 1887 7. AGE 49 Years 6 Months 26 Days If less than 1 day, ... hrs. or ... min. 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Waiter 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 12. BIRTHPLACE (city or town) (State or country) Portland Ore. 13. NAME Frank M. Seeley 14. BIRTHPLACE (city or town) (state or country) Peoria Ill. 15. MAIDEN NAME Katharine Turner 16. BIRTHPLACE (city or town) (state or country) San Francisco Calif. 17. INFORMANT Multnomah Hospital (address) 18. BURIAL, CREMATION OR REMOVAL Place ... Date Aug. 4, 1936 19. UNDERTAKER (Address) ... 20. Filed ... 4 1936 Registrar

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, and year) 8/2/36, 19 22. I HEREBY CERTIFY, That I attended deceased from 7/31/36, 19 to 8/1/36, 19 that I last saw him alive on 8/1/36, 19; death is said to have occurred on the date stated above, at 5:10A. m. The principal cause of death and related causes of importance in order of onset were as follows: (9-3) Military Tuberculosis & Right Pleuritic Effusion Date of onset ? Contributory causes of importance not related to principal cause: Name of operation Date of What test confirmed diagnosis? Div Was there an autopsy? Yes 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 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) Hubert E. Bonebrake, M. D. (Address) ... Multnomah County Hosp. Corner ...

Seeley