

Oregon State Board of Health

Certificate of Death

2311

1. PLACE OF DEATH

County Multnomah State Oregon

State Registered No. 2354
Local Registered No. 2354

Township _____ or Village _____
City Portland No. St. Vincent's Hosp., St., _____ Ward _____

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

Alberta E. Seeley Alberta E. Seeley

(a) Residence: No. 3127 - SW Home St., 50
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jack A. Robinson Single

6. DATE OF BIRTH (month, day and year) Apr. 7, 1902

7. AGE Years 36 Months 3 Days 11 If less than 1 day, ... hrs. or ... min.

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

9. Industry or business in which work was done as silk mill, sawmill, bank, etc. 09

10. Date deceased last worked at this occupation (month and year) 2 11. Total time (years) spent in this occupation 2

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

MOTHER 13. NAME Morris Seeley

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

15. MAIDEN NAME Catherine

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

17. INFORMANT Ed Robinson

(Address) 3127 - SW Home

18. BURIAL, CREMATION OR REMOVAL Place Lincoln Mem. Date July 27, 1938

19. UNDERTAKER Parson Salvant Church

(Address) 3015 SW - Knappa 2-5 (Signed) K. M. Cleghy M. D.

20. Filed _____, 19 _____ Registrar Erwin (Address) Portland, Oregon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-18-1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938 to July 18, 1938 that I last saw h. ex. alive on July 17, 1938; death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows: Skull fracture Shock Date of onset 200m 7-18-38

Contributory causes of importance not related to principal cause: _____

Name of operation 1-4-6 Date of _____
What test confirmed diagnosis? Chem. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? yes Date of injury 7-12-1938
Where did injury occur? Portland Oregon
(Specify city or town, county and state)
Specify whether injury occurred in industry, in home, or in public place. Denver Ave & McCallum
Manner of injury auto struck street car
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) K. M. Cleghy M. D.
(Address) Portland, Oregon
R. M. ERWIN M. D. BY Erwin CORONER DEPUTY

Seeley

STATE OF OREGON,

County of Multnomah

Oregon State Board of Health
VITAL STATISTICS

Affidavits for Correction of a Record

Edwin R. Robinson of 4920 N.E. 11th ave Local Registered No. 2364
(Name of Affiant) (Address) , Oregon,

being first duly sworn, deposes and says that she is a close friend
(If related, specify degree—if friend or otherwise, so state)
Alberta E. Seeley who was born in an accident in the city
Portland County of Multnomah, on the 17th day of July
stated in a certificate of birth filed by Searson Funeral Church with the Local Registrar
death (Name of physician or midwife for birth, undertaker for death)
the city of Portland County of Multnomah, Oregon, on the 20th day of July

That the following facts set forth in said certificate are not correctly stated therein, to wit: That the
decedent's true name is Alberta E. Seeley, instead of
Alberta E. Robinson, she never actually having been married to
Edwin R. Robinson, not a housewife
That affiant upon his own knowledge states the true facts to be, and the changes necessary to make the record cor-
rect are, as follows: Correct decedent's name to
Alberta E. Seeley, Single, occupation as stenographer

[SEAL]

(Affiant) Edwin R. Robinson
(Address) 4920 - N.E. 11th ave.

Subscribed and sworn to before me this 10th day of August, 1938

Alton C. Allen
Notary Public for Oregon

My commission expires June 6 - 1941

STATE OF OREGON,

County of Multnomah ss.
T. W. Williams
(Name of Affiant)

of 2703 - S.E. 71st ave Portland
(Address)

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the
facts as stated are true.

(Affiant) T. W. Williams
(Address) 2703 - S.E. 71st Ave

Subscribed and sworn to before me this 10th day of August, 1938

Alton C. Allen
Notary Public for Oregon

My commission expires June 6 - 1941

OFFICE PRINTING DEPT.

Seeley