

1. PLACE OF DEATH:
 (a) County Clatsop
 (b) City or town Sherwood R2 Rural
(If outside city or town limits write RURAL)
 (c) Name of hospital or institution: Sherwood R2 Rural
(If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____ In state _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oregon (b) County Clatsop
 (c) City or town Sherwood R2 Rural
(If outside city or town limits write RURAL)
 (d) Street No. Rural
(If rural give location)
 (e) If foreign born, how long in U. S. A? 67 years.

3. (a) FULL NAME Fred Seely
3. (b) If veteran. name war //// **3. (c) Social Security** No. none
4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife //// **6. (c) Age of husband or wife** if alive _____ years
7. Birth date of deceased April 17 1873
(Month) (Day) (Year)
8. AGE: Years 67 Months 7 Days 27 If less than one day hr. min.
9. Birthplace Wilsonville Oregon
(City, town, or county) (State of foreign country)
10. Usual occupation Farmer
11. Industry or business _____
12. Name Joseph B. Seely
13. Birthplace //// Illinois
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Arthur Seely
(b) Address Sherwood
17. (a) Burial **(b) Date thereof 1-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cem Sherwood
18. (a) Signature of funeral director W. W. Hollingsworth & Son
(b) Address 1100 Main St. Sherwood
19. (a) 1-17-41 **(b) H. D. Adam**
(Date received local registrar) (Registrar's signature)**

MEDICAL CERTIFICATION
20. Date of death: Month Jan day 14
 year 1941 hour _____ minute _____
21. I hereby certify that I attended the deceased from _____
 19____, to _____, 19____; that I last saw h_____ alive
 on _____, 19____; and that death occurred on the date
 and hour stated above.
Immediate cause of death (95C) Right ventricular dilatation, Generalized arteriosclerosis
 Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy As above
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 Joseph Bowen (M. D. or other) _____
Address 1100 Main St. Sherwood Date signed 1/15/41
Tom J. Wilson (Grand)

Seeley