

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH

County Newhill State Oregon State Registered No. 61
 Local Registered No. 35
 Township _____ or Village _____
 City McMinnville No. _____ St., _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street number)
 Length of residence in city or town where death occurred 9 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME

Lead Ellsworth Seeley
 (a) Residence: No. 1507 No. Firone St., _____
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or divorced (write the word) <u>Married</u>
5a. If married, widowed or divorced HUSBAND of <u>Rosa Seeley</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Nov 25 - 1862</u>		
7. AGE	Years <u>68</u>	Months <u>3</u>
	Days <u>23</u>	If less than 1 day, ___ hrs. or ___ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>	
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>newspaper</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 1 - 29</u>	11. Total time (years) spent in this occupation <u>55 years</u>
12. BIRTHPLACE (city or town) (State or country) <u>Boone Co. Mo.</u>		
FATHER	13. NAME <u>John L Seeley</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>U.S.</u>	
MOTHER	15. MAIDEN NAME <u>Charlotte Wallace</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>U.S.</u>	
17. INFORMANT <u>Madeline G Johnson</u> (Address) <u>1507 N. Firone St.</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Rose City Cemetery</u> Date <u>Mar 2, 1930</u>		
19. UNDERTAKER <u>Thos W. Lauder</u> (Address) <u>McMinnville Oregon</u>		
20. Filed <u>3428</u> 19 <u>30</u> <u>John B. Mahoney</u> M.P.P. Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 18, 1930

22. I HEREBY CERTIFY, That I attended deceased from July, 1929 to 3-18, 1930 that I last saw h. alive on 3-18, 1930; death is said to have occurred on the date stated above, at 5:10 p. m.
 The principal cause of death and related causes of importance in order of onset were as follows:
chronic mitral regurg. myocarditis
 Date of onset _____

Contributory causes of importance not related to principal cause:

Name of operation o Date of _____
 What test confirmed diagnosis? o Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no
 (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?
 If so, specify _____
 (Signed) Chas. P. Williams M.D.
 (Address) McMinnville, Ore.

Seeley