

OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

57

1406

1 PLACE OF DEATH State Registered No. 1406
County Mult State Ore Local Registered No. 1484

Township _____ or Village _____ or
City Portland No. 65 East 35th St., _____ Ward
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Alma Webber Seeley
(a) Residence No. 65 E 35th St., _____
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 Single, Married, Widowed or divorced (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Uri Seeley

6 DATE OF BIRTH (month, day and year) Feb. 4th 1855

7 AGE Years 71 Months 3 Days 24 If less than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) _____ (State or country) Ohio

10 NAME OF FATHER A. Walker

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Ohio

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____

14 Informant Mrs. Du Neal J. ... (Address 65-35-35 st)

15 Filed JUN 1 1926 Registrar John ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24 1926, to May 28 1926, that I last saw him alive on May 28 1926 and that death occurred on the date stated above, at 8 P. m.

The CAUSE OF DEATH was as follows: Diabetes
(duration) 4-5 yrs., _____ mos., _____ days.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs., _____ mos., _____ days.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? physical findings
(Signed) Hubert ... M. D.
May 31 1926 (Address) Medical ...

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portland Crematory DATE OF BURIAL 6/1 1926

20 UNDERTAKER Brook Wheelton ADDRESS City

Seeley