

**OREGON STATE BOARD OF HEALTH**  
**CERTIFICATE OF DEATH**

✓ 2800

1 PLACE OF DEATH  
County Multnomah State Oregon Local Registered No. 162  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
City Portland No. 322 W. Broadway St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Jennie Y. Seeley  
(a) Residence. No. 322 W Broadway St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>M. F. Seeley</u>				
6 DATE OF BIRTH (month, day, and year) <u>May 9 - 1847</u>				
7 AGE <u>72</u>	Years	Months <u>5</u>	Days <u>15</u>	If less than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) <u>Ireland</u>				
10 NAME OF FATHER <u>Not Known</u>				
PARENTS	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Not Known</u>			
	12 MAIDEN NAME OF MOTHER <u>Not Known</u>			
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Not Known</u>			
14 Informant <u>Anna H. Albertson</u> (Address) <u>Lanont Wash.</u>				
15 Filed <u>10-25-19</u> <u>Parish</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year)	<u>Oct 24</u> 19 <u>19</u>
17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 23</u> , 19 <u>19</u> , to <u>Oct 25</u> , 19 <u>19</u> , that I last saw <u>her</u> alive on <u>Oct 24</u> , 19 <u>19</u> , and that death occurred on the date stated above, at <u>11:30</u> a. m.	
The CAUSE OF DEATH* was as follows: <u>Substernal obstruction</u>	
(duration) _____ yrs., _____ mos., <u>4</u> days.	
CONTRIBUTORY <u>Empasiasis of blood</u> (Secondary) (duration) _____ yrs., _____ mos., _____ days.	
18 Where was disease contracted _____ if not at place of death?	
Did an operation precede death? <u>No</u> Date of _____	
Was there an autopsy? <u>No</u>	
What test confirmed diagnosis? _____	
(Signed) <u>H. M. ...</u> M. D. <u>Oct 24, 1919</u> (Address) <u>Portland Ore</u>	
* 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	DATE OF BURIAL
<u>Portland Crematorium</u>	<u>Oct 26</u> 19 <u>19</u>
20 UNDERTAKER	ADDRESS
<u>Skewes Undertaking Co</u>	<u>3rd &amp; Clay</u>

**Seeley**