

Oregon State Board of Health

Certificate of Death

State Registered No. **30** 1930
 Local Registered No. **3130**

1. PLACE OF DEATH
 County Mult State Oregon
 Township _____ or Village _____
 City Portland No. 465 Bidwell Ave St., _____ Ward _____
 Length of residence in city or town where death occurred 5 yrs. 00 mo. 00 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine M. Seeley
 (a) Residence: No. 465 Bidwell Ave St. _____
 (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) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. H. Seeley

6. DATE OF BIRTH (month, day, and year) Sept 21, 1842

7. AGE 88 Years 1 Months 7 Days If less than 1 day, ... hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reading Mass.

13. NAME no Record Dopp.

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

15. MAIDEN NAME Josephine Dopp.

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

17. INFORMANT Mrs. Fred Meyer (Address) 465 Bidwell Ave.

18. BURIAL, CREMATION OR REMOVAL Place Mayon Ave. Date Oct 30, 1930

19. UNDERTAKER Walter E. Kenworthy & Co. (Address) 1341 Milwaukie St Portland

20. Filed _____, 19____
John Colbel
 OCT 29 1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 27, 1930

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930 to Oct 27, 1930, that I last saw him alive on Oct 26, 1930; death is said to have occurred on the date stated above, at 1:45 A. m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Myocardial Disease
 Date of onset 1927

Contributory causes of importance not related to principal cause:

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

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (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? no If so, specify _____
 (Signed) L. W. Roberts M. D.
 (Address) 1094 E 13 St Portland

Seeley