

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH

County Miltnomah State Oregon State Registered No. 1958
 Township _____ or Village _____ Local Registered No. 2027
 City Portland No. 617 Salmon St. 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 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Lamar Boudinot Seeley

(a) Residence: No. 617 Salmon St. St., _____
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Amelia</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 21, 1851</u>		
7. AGE Years <u>81</u> Months <u>2</u> Days <u>2</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>Dres. & Gen. Mgr.</u>	
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Columbia River and Hget Sound Nav. Co.</u>	
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) <u>Ohio</u>		
FATHER	13. NAME <u>Boudinot Seeley</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Charlotte Austin</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>	
17. INFORMANT <u>Arthur C. Seeley</u> (Address) <u>Portland, Ore.</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Riverview Cemetary</u> Date <u>July 25, 1932</u>		
19. UNDERTAKER <u>J. P. Finley & Son</u> (Address) <u>292 Montgomery St.</u>		
20. Filed <u>JUL 25 1932</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to July 23, 1932
 that I last saw h.i.m. alive on July 23, 1932; death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance in order or onset were as follows:
Acute Broncho Pneumonia Date of onset 7/17/32
Chronic Endocarditis 1932

Contributory causes of importance not related to principal cause:
Chronic Endocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external cause (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? _____
 If so, specify _____
 (Signed) Harold Nichols M. D.
 (Address) 812 Corbett St. Portland.

Seeley