

OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

3050 ⁴

1 PLACE OF DEATH State Registered No. _____
County Mult State Or Local Registered No. 3179
Township _____ or Village _____ or
City Portland No. Paul Sammita St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Louise Seeley
(a) Residence. No. 7529 29 ave St. _____
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married

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

6 DATE OF BIRTH (month, day, and year) Jan 15 - 1853

7 AGE Years Months Days If less than 1 day, ___hrs. or ___min.
72 9 29

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) Wisconsin

10 NAME OF FATHER Chas. Blakley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Huffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Earl Seeley
(Address) Portland Or

15 Filed NOV 14 1927 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 13 1927, to Nov 14 1927, that I last saw h. alive on Nov 13 1927, and that death occurred on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows: Carcinoma of lung

(duration) 1 yrs. no mos., no days.

CONTRIBUTORY (Secondary) (duration) no yrs., no mos., no days.

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

{ Did an operation precede death? no Date of _____

{ For relief of what condition? _____

Was there an autopsy? no

What test confirmed diagnosis? General Condition

(Signed) Geo. Cough M. D. (Address) 7th Street

* 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

Multnomah Nov. 15 1927
20 UNDERTAKER ADDRESS
1700 1st Avenue
D. A. Ruden Port

Seeley