

Oregon State Board of Health

Certificate of Death

141

1. PLACE OF DEATH
 County Josephine State Oregon State Registered No. 141
 Local Registered No. 59
 Township _____ or Village Grants Pass R.F.#2 or
 City _____ No. _____, St., _____ Ward _____
 Length of residence in city or town where death occurred 9 yrs. mos. ds. (If death occurred in a hospital or institution, give its name instead of street number)
 How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Eleanor Seeley
 (a) Residence: No. Grants Pass, Ore. R.F.#2
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (Write the word) Married

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

6. DATE OF BIRTH (month, day and year) June 4th, 1879

7. AGE Years 57 Months 3 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) Sept. 2nd. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Hillsboro (State or country) North Dakota

13. NAME Oliver Clark

14. BIRTHPLACE (city or town) Not known (state or country) Vermont

15. MAIDEN NAME Abbie Houghton

16. BIRTHPLACE (city or town) Not known (state or country) Vermont

17. INFORMANT Raymond Seeley (address) 6013 N. Kelly St. Seattle, Wash.

18. BURIAL, CREMATION OR REMOVAL Place Seattle, Wash. Date Sept., 1936

19. UNDERTAKER S. S. Allen (Address) Grants Pass, Ore.

20. Filed Oct 2, 1936 W.A. Hoover Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 to Sept. 3, 1936 that I last saw her alive on Sept. 3, 1936; death is said to have occurred on the date stated above, at 6:50 m. The principal cause of death and related causes of importance in order of onset were as follows: Cerebral-hemorrhage Date of onset 9/2/36
arterio-sclerosis
arterio-sclerosis 1936

Contributory causes of importance not related to principal cause: None

Name of operation Physical Date of _____
 What test confirmed diagnosis? Microscopic 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? _____
 If so, specify _____

(Signed) Blaine B. Pruitt M.D.
 (Address) Grants Pass, Ore

Seeley