

Vern [unclear]  
1929

# OREGON STATE BOARD OF HEALTH

## CERTIFICATE OF DEATH

1 PLACE OF DEATH State Registered No. 279  
 County Clackmass. State Ore Local Registered No. 29-3  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Sherwood No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Joseph. Benn. Seely  
 (a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and state)  
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX male 4 COLOR OR RACE White 5 Single, Married, Widowed or divorced (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Seely

6 DATE OF BIRTH (month, day, and year) 8/27/1849

7 AGE Years 79 Months 10 Days 15 If less than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmer  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) (State or country) Illin

10 NAME OF FATHER J. Seely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary J. Seely  
 (Address) Wilkesville, Ore.

15 Filed \_\_\_\_\_, 19\_\_\_\_ H. D. Aden  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) July 12 1929

17 I HEREBY Certify, That I attended deceased from \_\_\_\_\_, 1927, to July 10, 1929, that I last saw him alive on July 10, 1929, and that death occurred on the date stated above, at \_\_\_\_\_ 6 P. m.

The CAUSE OF DEATH\* was as follows: Chronic nephritis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
 CONTRIBUTORY General Senility  
 (Secondary) (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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? \_\_\_\_\_

(Signed) W. Vincent M. D.

July 15, 1929 (Address) Pigard, Ore.

\* 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 Sherwood, Ore. DATE OF BURIAL July 14 1929

20 UNDERTAKER W. H. Hollingsworth ADDRESS Newberg

USE PREVIOUS EDITIONS IN PLACE OF THIS ONE TO AVOID ANY ERROR IN RECORDING. See instructions on back of certificate.

Seeley