

OF DEATH in any state so that it may be properly classified. Exact statement of OCCU-
TIONS, if any, and of CAUSE OF DEATH, if known, to be stated in full. This is an important part of the certificate.

1. PLACE OF DEATH:

(a) County Clackamas

(b) City or town Wilsonville
(If outside city or town limits write RURAL)

(c) Name of hospital or institution: at Home
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution _____
In this community _____ In state Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ore. (b) County Clackamas

(c) City or town Wilsonville
(If outside city or town limits write RURAL)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Judson Lee Seely

3. (b) If veteran, no **3. (c) Social Security name war** no **No.** _____

4. Sex M **5. Color or race** White **6. (a) Single, widowed, married, divorced** _____

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife** _____
if alive _____ years

7. Birth date of deceased Mar 4 1856
(Month) (Day) (Year)

8. Age: Years 85 Months 9 Days 5 If less than one day
hr. _____ min. _____

9. Birthplace Oregon
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Lucius A Seely

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Lophia H.

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Vermon S. Todd

(b) Address Box 226 Mil City Ore

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 1-11-42
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director C. A. Rodson

(b) Address Newberg Ore

19. (a) 1-12-41 **(b) H. D. Aden**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Jan day 9
year 1942 hour 1 minute 30 PM

21. I hereby certify that I attended the deceased from Jan 14th
1942 to Jan 9, 1942; that I last saw him alive on Dec 29, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
930

Due to Family

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ **(*) Means of injury** _____

23. Signature H. T. Havelock **(M. D. or other)** _____

Address Shenwood Ore **Date signed** 1/10/1942

PHYSICIAN
Underline the cause to which death should be charged statistically

Seeley