

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH
 County Marion State Oregon State Registered No. 32
 Township 3 1/2 Miles East of Woodburn or Village _____ Local Registered No. 8 2A
 City _____ No. _____ 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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Elizabeth Seely
 (a) Residence: No. 3 1/2 Miles East of Woodburn
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of Edwin R. Seely (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Nov 24 1862

7. AGE Years: 72 Months: 2 Days: 8 If less than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Missouri (State or country)

13. NAME Thomas Turner

14. BIRTHPLACE (city or town) _____ (State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country)

17. INFORMANT Roy Seely (Address) Woodburn Oreg

18. BURIAL, CREMATION OR REMOVAL Place Belle Passa Date Feb 4 1935

19. UNDERTAKER J. Melvin Ringo (Address) Woodburn Oreg

20. Filed 2/2/ 1935 Geo. Beach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1935 to Feb 2 1935 that I last saw her alive on Feb 1 1935; death is said to have occurred on the date stated above at 1:00A.m.

The principal cause of death and related causes of importance in order of onset were as follows: Coronary Thrombosis

Date of onset Jan 21 1935

Contributory causes of importance not related to principal cause: _____

Name of operation None Date of _____
 What test confirmed diagnosis? None Was 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? No If so, specify _____

(Signed) Paul A. Randall M. D.

(Address) Woodburn Ore

IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Seely