

CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

PLACE OF DEATH

County of Benton  
 Village of Albion  
 or  
 City of \_\_\_\_\_

OREGON STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Registered No. **381**

[If death occurred in a Hospital or Institution give its Name instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"] No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME Kathryn Laura Seely

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR \_\_\_\_\_

DATE OF DEATH Feb 21 1914  
 (Month) (Day) (Year)

DATE OF BIRTH Jan 24 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 20 1914, to \_\_\_\_\_ 19\_\_\_\_; that I last saw him alive on Feb 20 1914, and that death occurred, on the date stated above, at \_\_\_\_\_ M. The CAUSE OF DEATH was as follows:

AGE 1 years, 2 months, 27 days

Tubercular meningitis

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or Country) Ore

NAME OF FATHER Carl Seely

(duration) 10 days

BIRTHPLACE OF FATHER (State or Country) Missouri

Contributory \_\_\_\_\_

MAIDEN NAME OF MOTHER Mrs. C. Seely

(duration) \_\_\_\_\_ days

BIRTHPLACE OF MOTHER (State or Country) Illinois

(Signed) H. P. Perrot M. D.

OCCUPATION med

March 4 1914 (Address) Corvallis Ore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

(Informant) \_\_\_\_\_ (Address) \_\_\_\_\_

Former or Usual Residence \_\_\_\_\_ How long at Place of Death? \_\_\_\_\_ Days

Where was disease contracted if not at Place of Death? \_\_\_\_\_

Filed \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Locke Cemetery DATE OF BURIAL Feb 22 1914

Registrar. \_\_\_\_\_

UNDERTAKER M. S. Rorer ADDRESS Corvallis

Seek