

OREGON STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

402

1 PLACE OF DEATH

County Marion State Oregon State Registered No. _____
 Township _____ or Village _____ or
 City Salem No. Seacombs Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME

(a) Residence. No. Woodburn St., Oregon
(Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced HUSBAND of (or) WIFE of M. B. Seely

6 DATE OF BIRTH (month, day, and year) May 2, 1889

7 AGE Years Months Days If less than 1 day, ___ hrs. or ___ min.
34 1 2

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

9 BIRTHPLACE (city or town) (State or country) Kansas

10 NAME OF FATHER John C. Farmer

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

12 MAIDEN NAME OF MOTHER Mary Sweaney

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

14 Informant M. B. Seely
 (Address) Woodburn, Ore.

15 Filed 6-5, 1923 Cashatt
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1923

17 I HEREBY CERTIFY, That I attended deceased from 3, 1923, to 6-4, 1923, that I last saw h. or alive on 6-4, 1923, and that death occurred on the date stated above, at 9:15 p.m.

The CAUSE OF DEATH* was as follows:
Tuberculous Peritonitis
 (duration) 31 yrs., 6 mos., ___ days.

CONTRIBUTORY (Secondary) _____
 (duration) ___ yrs., ___ mos., ___ days.

18 Where was disease contracted if not at place of death? at home
 Did an operation precede death? yes Date of 5-3-23
 Was there an autopsy? no
 What test confirmed diagnosis? clinical
 (Signed) E. E. Fisher, M. D.
6-5-1923 (Address) Salem, 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 Woodburn, Ore. DATE OF BURIAL June 6 1923

20 UNDERTAKER W. T. RIGDON & SON ADDRESS Salem

Seeley