

N. B.—Every item of information should be given in every instance. 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 Marion
 Village of _____
 or _____
 City of Woodburn

OREGON STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

1117

CERTIFICATE OF DEATH

Registered No. 27

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

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

FULL NAME Beth Beaharic Seeley (Infant)

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH <u>April</u> <u>13</u> 19 <u>10</u> (Month) (Day) (Year)	
AGEyears.....months..... <u>5</u> days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <input checked="" type="checkbox"/>	
BIRTHPLACE (State or country) <u>Woodburn 3 miles</u>	
NAME OF FATHER <u>Mr E. R. Seeley</u>	
BIRTHPLACE OF FATHER (State or country) <u>Oakman</u>	
MAIDEN NAME OF MOTHER <u>Lula E. Seeley</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Oakman Co Ore</u>	
OCCUPATION _____	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>April</u> <u>16</u> 19 <u>10</u> (Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from <u>April 13</u> 19 <u>10</u> , to <u>April 15</u> 19 <u>10</u> that I last saw her alive on <u>April 15</u> 19 <u>10</u> , and that death occurred, on the date stated above, at..... M. The CAUSE OF DEATH was as follows: <u>Ulcer of Stomach</u> (duration) _____ days Contributory <u>Hemorrhage</u> (duration) _____ days (Signed) <u>O. P. Overton</u> M. D. <u>April 23</u> 19 <u>10</u> (Address) <u>Woodburn</u>
SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
Former or Usual Residence..... How long at Place of Death?.....Days
Where was disease contracted if not at Place of death?.....
PLACE OF BURIAL OR REMOVAL <u>Bell Spring</u> DATE OF BURIAL <u>April 16th</u> 19 <u>10</u>
UNDERTAKER <u>Arthur C. Harlow</u> ADDRESS <u>Woodburn Oregon</u>

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
 (Informant) Mr E. R. Seeley
 (Address) Woodburn Ore
 Filed _____ 19____, _____ Registrar.

Seeley