

OREGON STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

1 PLACE OF DEATH State Registered No. 1190
 County Marion State Oregon Local Registered No. 135
 Township _____ or Village _____ or
 City Burke No. 3 Miles East St., _____ Ward _____
If death occurred in a hospital or institution, give its name instead of street and number

2 FULL NAME Lawrence Seely Jr.
 (a) Residence. No. _____ St., _____
(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	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
<u>Male</u>	<u>White</u>	<u>Child</u>

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) July 6-24

7 AGE	Years	Months	Days	If less than 1 day, hrs. or min.
			<u>22</u>	

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Child
 (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) Oregon

10 NAME OF FATHER Lawrence Seely

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Ore

12 MAIDEN NAME OF MOTHER Bernice Blunn

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Neb

14 Informant Lawrence Seely
 (Address) Brooks Ore

15 Filed 3-4 1924 Wm. B. Mott
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1924

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1924, to Feb 28, 1924, that I last saw him alive on Feb 25, 1924, and that death occurred on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows: _____
Broncho-Pneumonia (6)
 _____ (duration) _____ yrs., _____ mos., 8 days.

CONTRIBUTORY (Secondary) Measles
 _____ (duration) _____ yrs., _____ mos., 7 days.

18 Where was disease contracted if not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Signed) Dr. H. H. ... M. D. 2/29 1924 (Address) Delventon 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	DATE OF BURIAL
<u>Pioneer Cem.</u>	<u>Feb 29. 19 24</u>
20 UNDERTAKER	ADDRESS
<u>Jack + Ekmann</u>	<u>Delventon</u>

Very important. See instructions on back of certificate.

Seely