

very important. See instructions on back of certificate.

OREGON STATE BOARD OF HEALTH CERTIFICATE OF DEATH

1 PLACE OF DEATH Clackamas State Registered No. 208
 County..... Oregon State..... Oregon Local Registered No. 22
 Township..... or Village..... or
 City 3 miles east of Hubbard No. St. Ward
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Joseph Arabian Seeley
 (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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>single</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of		
6 DATE OF BIRTH (month, day, and year) <u>aug 11 - 1921</u>		
7 AGE	Years	Months
		Days
		If less than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (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) <u>Oregon</u>		
10 NAME OF FATHER <u>J J Seeley</u>		
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Oregon</u>		
12 MAIDEN NAME OF MOTHER <u>Erl</u>		
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Oregon</u>		
14 Informant <u>J J Seeley</u> (Address) <u>Salem Ore</u>		
15 Filed <u>8-18</u> 19 <u>21</u> <u>Geo J Cast</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1921

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1921, to Aug 17, 1921, that I last saw him alive on Aug 17, 1921, and that death occurred on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:
Uremia
 (duration) yrs. mos. 2 days.
 CONTRIBUTORY complete suspension of kidney
 (Secondary) (duration) yrs. mos. 2 days.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? none
 (Signed) Edward Dalton M. D.
8-17, 1921 (Address) Hubbard 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 <u>Dion Ogan & Dauby</u>	DATE OF BURIAL <u>aug 18 1921</u>
20 UNDERTAKER <u>J A Miller Aurora</u>	ADDRESS

Seeley