

1 PLACE OF DEATH
 County of Clackamas
 Township _____
 or Village _____
 or City Sherwood, R.F.D. (No. _____) St. _____ Ward _____

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

State Index No. 1-12
 Local Registered No. 17-12

3 FULL NAME Lucy Stone Seeley

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

5 Sex Female
 4 Color or Race White
 6 Single, Married, Widowed or Divorced (Write the word) Married
 6 Date of Birth July 16, 1885
 7 Age 36 yrs. 1 mos. 15 ds. If less than 1 day, hrs. or min.?
 8 Occupation (a) Trade, profession, or particular kind of work General House work
 (b) General nature of industry, business or establishment in which employed (or employer)

9 Birthplace (State or country) Polk County, Ore.
 10 Name of Father A. P. Tadd
 11 Birthplace of Father (State or country) Scotland
 12 Maiden Name of Mother Peppard
 13 Birthplace of Mother (State or country) Richmond, Virginia

14 The above is true to the best of my knowledge
 (Informant) Mark Seeley
 (Address) Sherwood, R.F.D.

15 Filed Sept 15, 1917 Dr. W. H. Butler
 Registrar

MEDICAL CERTIFICATE OF DEATH

18 Date of Death Sept 1st, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended the deceased from May 21, 1917, to Sept 1, 1917, that I last saw her alive on Aug 29, 1917, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____ (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Harry A. Littlefield, M. D.
Sept 2, 1917 (Address) Medford, Ore.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
 At place of death 36 yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 Place of Burial or Removal Sherwood Date of Burial Sept 3, 1917
 20 Undertaker Wm Hollingsworth Address Sherwood

Seeley