

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH  
 County Marion  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City Woodburn (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Oregon State Board of Health  
 BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registered No. 1416

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

2 FULL NAME Lulu Seely

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED,  WIDOWED, OR DIVORCED. (Write the word)

6 DATE OF BIRTH Sept 6, 1877  
 (Month) (Day) (Year)

7 AGE 37 yrs. 7 mos. 16 ds. If less than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Illinois

10 NAME OF FATHER Lilias Farlow

11 BIRTHPLACE OF FATHER (State or country) Ill

12 MAIDEN NAME OF MOTHER Redmond

13 BIRTHPLACE OF MOTHER (State or country) Ill

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) L. V. Seely  
 (Address) Woodburn

15 Filed \_\_\_\_\_ 1915 Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH apl 25, 1915  
 (Month) (Day) (Year)

17 I Herely Certify, That I attended deceased from apl 22, 1915, to apl 24, 1915, that I last saw he alive on apl 24, 1915, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH\* was as follows:  
Acute Pulmonary Phthisis  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. A. Chapman M. D.  
apl 27, 1915 (Address) Woodburn 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 \_\_\_\_\_ 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 Woodburn DATE OF BURIAL apl 27, 1915

20 UNDERTAKER E. N. Hall ADDRESS Woodburn

Seeley