

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH											
LOCAL REGISTRAR'S NUMBER 2461					STATE OF OREGON BOARD OF HEALTH—PORTLAND FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE					STATE FILE NO. 7178 DATE RECEIVED JUL 13 1951	
1. NAME OF DECEASED (TYPE OR PRINT) Benjamin Seely 609X											
2. PLACE OF DEATH A. COUNTY Multnomah					3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Oregon B. COUNTY Mult.						
B. CITY (If outside corporate limits, write RURAL location) OR TOWN Portland				C. LENGTH OF STAY (in this place) 1918		C. CITY (If outside corporate limits, write RURAL) OR TOWN Portland					
D. FULL NAME OF HOSPITAL OR INSTITUTION Multnomah Hospital					D. STREET (If rural, give location) ADDRESS 2627 N. Willis						
4. DATE OF DEATH (Month) (Day) (Year) 6 25 1951		5. SEX Male		6. COLOR OR RACE White		7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		7B. NAME OF HUSBAND OR WIFE			
8. DATE OF BIRTH 12-1-1877			9. AGE (In years - last birthday) 73		If Under 1 Year: Months Days Hours Min.		10. BIRTHPLACE (State or foreign country) Kansas		11. CITIZEN OF WHAT COUNTRY? USA		
12. FATHER'S NAME William Seely					13. MOTHER'S MAIDEN NAME Sophia Miller						
14A. USUAL OCCUPATION laborer			14B. KIND OF BUSINESS OR INDUSTRY Carpenter		15. IF VETERAN, NAME WAR No		16. INFORMANT'S OWN SIGNATURE L. Mikeworth				
17. SOCIAL SECURITY NO. no record		MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)						INTERVAL BETWEEN ONSET AND DEATH			
18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Abdominal & peritonal abscess									
		DUE TO (B) Anaerobic bacteria									
		DUE TO (C) Penetrating duodenal ulcer									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21C. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?							
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-21 , 1951, TO 6-25 , 1951, THAT I LAST SAW THE DECEASED ALIVE ON 6-25 , 1951, AND THAT DEATH OCCURRED AT 8:52 P.M. , FROM THE CAUSE AND ON THE DATE STATED ABOVE. F. FLOYD SOUTH, M. D. Coroner by Award Deputy											
23A. SIGNATURE F. Brown				(Degree or Title)		23B. ADDRESS M. D. Multnomah Hospital		23C. DATE SIGNED 6-28-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 28/51		24C. NAME OF CEMETERY OR CREMATORY Columbian		24D. LOCATION (City, town, or county) (State) Portland Ore					
DATE REC'D BY LOCAL REG JUL 3 - 1951		REGISTRAR'S SIGNATURE W. D. Steador		25. FUNERAL HOME'S SIGNATURE L. J. Mikeworth		8098 1/2 LOMBARD ST. PORTLAND, OREGON					

Seely