

Oregon State Board of Health

Certificate of Death

• 64

1. PLACE OF DEATH  
 County Washington State Ore State Registered No. \_\_\_\_\_  
 Local Registered No. 4  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City Tigard No. Rt.#1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its name instead of street number)  
 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.

2. FULL NAME Mark Seely  
 (a) Residence: No. Sherwood, Ore Rt.#2 St. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lucy S. Seely

6. DATE OF BIRTH (month, day and year) Oct. 7, 1875

7. AGE Years Months Days If less than 1 day, — hrs. or — min.  
63 5 12

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done as silk mill, sawmill, bank, etc. General farm

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Sherwood Ore

13. NAME Ben Seely

14. BIRTHPLACE (city or town) (state or country) Ill.

15. MAIDEN NAME Mary J. Smith

16. BIRTHPLACE (city or town) (State or country) Ore. ?

17. INFORMANT Lubelle Scheerling  
 (Address) Tigard, Ore Rt#1

18. BURIAL, CREMATION OR REMOVAL  
 Place Sherwood, Ore Date 3/21/39 19 \_\_\_\_\_

19. UNDERTAKER W. Hollingsworth & Son, Inc.  
 (Address) Newberg, Ore. By Ed J. Jones Registrar

20. Filed Mar 1939 Ed J. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/19/39 19 \_\_\_\_\_

22. I HEREBY CERTIFY that I attended deceased from 10:00 that I last saw alive on 3/19/39 death is stated to have occurred on the date stated above, at about 3 Am. 94P  
 The principal cause of death and related causes of importance in order of onset were as follows: Coronary Thrombosis Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county and state)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no If so, specify \_\_\_\_\_  
 (Signed) Ed J. Jones M. D.  
 (Address) Sherwood, Ore.

Seeley