

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH

County Multnomah State Oregon State Registered No. 1635
 Township _____ or Village _____ Local Registered No. 1673
 City Portland No. 3015 N. E. 17th Ave. 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 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Genevieve Seely

(a) Residence: No. 3015 N. E. 17th Ave. St., _____
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 Henry

6. DATE OF BIRTH (month, day and year) June 7, 1857

7. AGE Years Months Days If less than 1 day, ...hrs. or ... min.
78 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Meriden (State or country) New Hampshire

13. NAME Carlos Clement

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

15. MAIDEN NAME Ellen Moulton

16. BIRTHPLACE (city or town) Vermont (state or country)

17. INFORMANT Mrs. N. Burdick (address) 3015 N.E. 17th Ave.

18. BURIAL, CREMATION OR REMOVAL Place Portland Crematorium Date May 7, 1936

19. UNDERTAKER J. P. FINLEY & SON (Address) Portland, Oregon

20. FIMAY 7 1936 19 56 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931 to 5-5-36, 1936, that I last saw her alive on 5-5-36, 1936; death is said to have occurred on the date stated above, at 11:30 A.M. The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis Date of onset 5-5-36

Contributory causes of importance not related to principal cause:

Name of operation None Date of _____

What test confirmed diagnosis? Exam. 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) Merl L. Margason M. D.

(Address) Physician Surgeon Mayor's Bldg.

Seeley