

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH
 County Clackamas State Ore State Registered No. 168
 Local Registered No. 2
 Township _____ or Village _____ or
 City Gladstone No. 220 E Herford, St., _____ Ward _____
 Length of residence in city or town where death occurred (If death occurred in a hospital or institution, give its name instead of street number)
 yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Seely
 (a) Residence: No. Rt. 2, Sherwood, Ore 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 J.B. Seely

6. DATE OF BIRTH (month, day and year) Feb 11 1937

7. AGE	Years	Months	Days	If less than 1 day, ...hrs. or ...min.
	<u>78</u>	<u>11</u>	<u>4</u>	

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

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

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

12. BIRTHPLACE (city or town) (State or country) The Dalles Ore

13. FATHER 13. NAME Smith

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Mrs. Pearl Snyder
 (Address) Sherwood, Ore

18. BURIAL, CREMATION OR REMOVAL Place Sherwood, Ore Date 1/8/37, 1937

19. UNDERTAKER W. W. Hollingsworth & Son, Inc.
 (Address) Newberg, Ore By C. Smith MD

20. Filed 1-8-, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/5/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1936, to Jan 5, 1937, that I last saw her alive on Jan 1, 1937; death is said to have occurred on the date stated above, at 9:30P m. The principal cause of death and related causes of importance in order of onset were as follows:
Cardiac arrest (97) Date of onset Jan 19 37

Contributory causes of importance not related to principal cause:
Senile Dementia Jan 26

Name of operation me Date of _____
 What test confirmed diagnosis? 9 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?
 _____ If so, specify _____
 (Signed) Edward J. ... M. D.
 (Address) Oregon City, Oregon

Seeley