OREGON STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

81

1 PLACE OF DEATH — State Registered No. 150

County Marion — State Ore — Local Registered No. 115

Township ..... or Village ..... or

City Salem — No. ..... Ore State Hosp. — St. ..... Ward

(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Mrs Melinda J Seely

(a) Residence. No. Sherwood — St. Ore

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Female	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ... min.
69				

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

9 BIRTHPLACE (city or town) Washington County
(State or country) Oregon

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Indiana

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Iowa

14 Informant State Hosp Records
(Address) Salem Oregon

15 Filed 2-27 1923 Carskadt Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1923

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1922 to Feb 27, 1923 that I last saw her alive on Feb 27 1923 and that death occurred on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(duration) Several yrs., ... mos., ... days.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs., ... mos., ... days.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) P W Byrd, M. D.

Feb 28, 1923 (Address) Salem Ore

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sherwood	3-3 1923
20 UNDERTAKER	ADDRESS
W W Hollingsworth	Newberg