

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH
 County Yamhill State Oregon State Registered No. 250
 Township Newberg or Village _____ Local Registered No. 78
 City Newberg No. Hancock St., _____ Ward _____
 Length of residence in city or town where death occurred 50 (If death occurred in a hospital or institution, give its name instead of street number) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Olive Stratton Seely 400
 (a) Residence: No. Hancock St., 36 (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of Mr. Archie Seely (or) WIFE of Mr. Archie Seely

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

7. AGE 57 Years 9 Months 13 Days If less than 1 day, — hrs or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splaner, Sawyer, bookkeeper, etc. invalid 9

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) West Branch (State or country) Iowa

FATHER

13. NAME William Stratton

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

MOTHER

15. MAIDEN NAME Mary Elma Briggs

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

17. INFORMANT Mr. Archie Seely (Address) Newberg, Ore

18. BURIAL, CREMATION OR REMOVAL Place Friends Newberg Date Nov 25, 1938

19. UNDERTAKER C. A. Hodson & Son (Address) Newberg, Ore.

20. Filed 11-23-38 CA. Bump Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) NOV. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1937, to 11/22, 1938 that I last saw her alive on 11/24, 1938 death is said to have occurred on the date stated above, at 9:00 P.M. The principal cause of death and related causes of importance in order of onset were as follows: Branchial Gland (1070) Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) [Signature] M. D.
 (Address) Newberg, Ore.

Seeley