

Standard Certificate of Death
STATE OF OREGON

1. PLACE OF DEATH:

(a) County Multnomah

(b) City or town Portland
(If outside city or town limits write RURAL)

(c) Name of hospital or institution:
Multnomah Hospital
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution 1 day
In this community 45 yrs. In state 45 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Multnomah

(c) City or town Portland
(If outside city or town limits write RURAL)

(d) Street No. 1612 S. E. 35th Place
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Orin Lyle Seely

3. (b) If veteran name war World War #1 **3. (c) Social Security No.** 538-07-0270

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Divorced

6. (b) Name of husband or wife Mabel **6. (c) Age of husband or wife** if alive 40 years

7. Birth date of deceased May 9th, 1897
(Month) (Day) (Year)

8. Age:		Years	Months	Days	If less than one day
		<u>45</u>	<u>9</u>	<u>18</u>	hr. min.

9. Birthplace Portland, Oregon
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Willamette Iron & Steel Co.

12. Name George Seely

13. Birthplace Portland, Ore.
(City, town, or county) (State or foreign country)

14. Maiden name Everlyn Belien

15. Birthplace Portland, Oregon
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lessora J. Miller
(b) Address 924 S. W. 16 Ave.

17. (a) Burial **(b) Date thereof 3-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)**

(c) Place: burial or cremation Lin Nun Park

18. (a) Signature of funeral director Miller & Tracey,
(b) Address 714 S.W. 20th Place

19. (a) MAR 2 1943 **(b) Registrar's signature** _____
(Date received local registrar)

MEDICAL CERTIFICATION

20. Date of death: Month February day 27th, year 1943 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from 2-27, 1943 to 2-27, 1943, that I last saw him alive on 2-27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Fatty liver **Duration** 8 days

Due to Lobar pneumonia

Due to Chronic alcoholism

Other conditions _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature H. L. Remington (M. D. or other) M.D.
Address Wall C. Hoop **Date signed** 2/1/43

Seeley