L. PLACE OF DEATH: (a) County	Division of Vital Statistics	Standard Cert		State File No Local Registrar's No	951
(a) State Cregon (b) County Lindmah (c) City or town Portiand (c) Name of hospital or institution: "Miltromah Hospital or institution: "Miltromah Hospital or institution: "Miltromah Hospital or institution: In this community 45 yrs. In state 45 (Sysoff glother year, monitor or days) In this community 45 yrs. In state 45 (Sysoff glother year), monitor of days) 3. (c) Full NAME Or in Lyle Seely 2. (d) Hiveteran, name war with the first of		STATE O	F OREGON 10	Docur recyalitati a reci	
(c) Name of hospital or institution: Lith County Greates etter town limits write RURAL) (c) Name of hospital or institution: Lith County Greates etter town limits write RURAL) (d) Street No. 1612 3. 5. 35th Place (d) Length of stay: In hospital or institution: Lith County Greates Grea	1. PLACE OF DEATH:		2. USUAL RESIDENCE OF		
(C) Name of hospital or institution: Compared to the institution Compared to the institutio	(e) County Lultnomah		(a) State Oregon	(b) County	Ltnom
(d) Street No. 1612 3. 5. 35th Place (if not in bospital or institution 1	(0) 010 01 10 11 11		(c) City or town		
(d) Length of stay: In hospital or institution 1 (23) In this community 45 VYS. In state 2 (Signout ghather 3. (a) FULL NAME Orin Lyle 3eely 3. (a) FULL NAME Orin Lyle 3eely 3. (c) Social Security No. 28 -07-0270 Male 5. (c) Social Security No. 28 -07-0270 Male 6. (a) Single, widowed, married, diversed 6. (b) Name of husband or wite 6. (c) Age of husband or wife 6. (c) Age of husband or wife 7. Birth date of deceased May 9th 1297 (Konth) (Day) (Year) 8. Age: Years Months Days If less than one day 45 9 18 hr. min. 9. Birthplace Portland Ore. 11. Industry or business Millanette Iron Steel 12. Name Goorge 3eely 13. Birthplace (City, town, or county) (State or foreign country) 14. Malden name (City, town, or county) (State or foreign country) 15. (a) Informant's own signature (Woods) portland Ore (Month) portland Ore	(c) Name of hospital or institution:	wn limits write BURAL)		_	_
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2. (b) If veteran name war would want to be supported by the state of death: Month Fabruary day 27th, year 1943 hour 3 minute 50 Part 1 and a divorced or the live of the state of death: Month Fabruary day 27th, year 1943 hour 3 minute 50 Part 1 and a divorced or the live of the state of deceased from 1943 hour 3 minute 50 Part 1 and a divorced or the live of the l	In this community 45 yrs. years, months or days)	In state 45 (Specify Shether	(e) If foreign born, how l	ong in U. S. A.?	3
Second Second No. Second Second No. Second Second No. Second Second No. S	3. (c) FULL NAME Orin Lyle	Seely			27th
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