

D. M. M. M.

# OREGON STATE BOARD OF HEALTH

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
 County Clackamas State \_\_\_\_\_ Local Registered No. 25-3  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City Wilsonville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Raymond B. Seely  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and state)  
 Length of residence in city or town where death occurred 36 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of Susan Seely (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year) 9-28-1889

7 AGE Years 35 Months 6 Days 17 If less than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

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

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

10 NAME OF FATHER Stephen B. Seely

11 BIRTHPLACE OF FATHER (city or town) Oregon  
(State or country)

12 MAIDEN NAME OF MOTHER S. A. Raimbman

13 BIRTHPLACE OF MOTHER (city or town) Oregon  
(State or country)

14 Informant Bert B. Seely  
(Address) Woodburn, Ore.

15 Filed \_\_\_\_\_, 19\_\_\_\_ Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6-11-1924

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to May 5, 1924, that I last saw him alive on May 11, 1924, and that death occurred on the date stated above, at 5'-5" 1/2 m.

The CAUSE OF DEATH\* was as follows:  
double lobar pneumonia  
back pain  
 (duration) \_\_\_\_\_ yrs., \_\_\_\_\_ mos., \_\_\_\_\_ days.

CONTRIBUTORY Varicella  
(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) D. M. M. M. M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (address)

\* 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 Pleasant Hill  
Sherwood

DATE OF BURIAL May 14 1924

20 UNDERTAKER W. H. Allingworth  
Gar

ADDRESS Newberg

very important. See instructions on back of certificate.

PARENTS

Seeley