

OREGON STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Multnomah State Oreg State Registered No. 436
 Local Registered No. 146
 Township _____ or Village _____ or
 City Fordland No. 35 E 7th St St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Rebecca Seely
 (a) Residence No. 35 E 7th St St. _____
(Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>B. F. Seely</u>		
6 DATE OF BIRTH (month, day, and year) <u>May 9 - 1839</u>		
7 AGE	Years <u>85</u>	Months <u>9</u>
	Days <u>10</u>	If less than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
BIRTHPLACE (city or town) (State or country) <u>New York State</u>		
10 NAME OF FATHER <u>Pauline Alley</u>		
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Not known</u>		
12 MAIDEN NAME OF MOTHER		
13 BIRTHPLACE OF MOTHER (city or town)		
14 Informant <u>Guy Seely</u> (Address) <u>35 E 7th St</u>		
15 Filed <u>2-19-23</u> <u>Parush</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17, 1923

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1923, to Feb 16, 1923, that I last saw her alive on Feb 18, 1923 and that death occurred on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:
Natural Causes
Sensibility
 (duration) yrs., mos., 5 days.

CONTRIBUTORY Fall and old age
 (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? Physic
 (Signed) Dr. M. Barrett M. D.
Feb. 19, 1923 (Address) 2002 - E - 8th St

* 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 <u>Ship to Corvallis</u>	DATE OF BURIAL <u>2/20/1923</u>
20 UNDERTAKER <u>R. W. Gable Co</u>	ADDRESS <u>East 8th</u>

Dr. Barrett reported fall as follows
 walking from one chair to another - was an old woman + had been bedfast
 E.S.