

Oregon State Board of Health Certificate of Death

1. PLACE OF DEATH
 County Clatsop State Oregon State Registered No. 411
 Township _____ or Village _____ Local Registered No. 35-10
 City Wilsonville, Ore. St. _____ Ward _____
 Length of residence in city or town where death occurred (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 Robert Lee Seely
 (a) Residence: No. Wilsonville, Ore., St.
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (Write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Seely

6. DATE OF BIRTH (month, day and year) Dec 26-1888

7. AGE Years: 10 Months: 8 Days: _____ or less than: 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) (State or country) Oregon

13. NAME Lucius A. Seely

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

15. MAIDEN NAME Sophia Buckman

16. BIRTHPLACE (city or town) (state or country) Ill.

17. INFORMANT Mrs. Nellie Seely
 (address) Wilsonville, Oregon

18. BURLIAL, CREMATION OR REMOVAL
 Place Presbyterian Ch. Date Nov 20, 1938

19. UNDERTAKER Oregon City Funeral Home
 (Address) Oregon City, Oregon

20. Filed 38 H. D. Adams
 Registrar
A. C. Lundberg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938 to Nov 3, 1938, that I last saw him alive on Oct 20, 1938; death is said to have occurred on the date stated above, at 5:10 P.M.
 The principal cause of death and related causes of importance in order of onset were as follows: Coronary Thrombosis Date of onset Nov 20-1938

Contributory causes of importance not related to principal cause:
Chronic nephritis
mitral hypertrophy 1938

Name of operation no Date of _____
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no
 (Specify city or town, county, and state)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Jay M. Munn M. D.
 (Address) Oregon City, Oregon

Seeley