

OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

28
515

1 PLACE OF DEATH State Registered No. 515
County Clackamas State Ore Local Registered No. 22-6
Township _____ or Village _____ or
City Shawwood No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
2 FULL NAME Ruth Jeannette Seely
(a) Residence No. R.D. #2 St. _____ (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 4 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX _____ 4 COLOR OR RACE Female White 5 Single, Married, Widowed, or Divorced (write the word) Single

6a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

7 DATE OF BIRTH (month, day, and year) Apr 30 1908

8 AGE 14 Years 2 Months 27 Days If less than 1 day, _____ hrs. or _____ min.

9 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

10 BIRTHPLACE (city or town) Shawwood
(State or country) R.D. #2

11 NAME OF FATHER Mark Seely

12 BIRTHPLACE OF FATHER (city or town) Shawwood
(State or country) R.D. #2

13 MAIDEN NAME OF MOTHER Lucy Todd

14 BIRTHPLACE OF MOTHER (city or town) Shawwood
(State or country) Ore

15 Informant Mark Seely
(Address) Shawwood Mont 155

16 Filed July 29, 1922 J.P. Aden
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1922

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1920 to July 27, 1922 that I last saw her alive on July 25, 1922 and that death occurred on the date stated above, at 1-30 P. M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis
(duration) 2 yrs., _____ mos., _____ days.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs., _____ mos., _____ days.

18 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
(Signed) Chas Vincent, M. D.
July 27, 1922 (Address) Figard Ore

* 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 DATE OF BURIAL 7/29 1922

20 UNDERTAKER W.W. Hollingsworth ADDRESS Newberg

Seeley