

**OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

1 PLACE OF DEATH
 by Marion State Registered No. 37
 State Ore Local Registered No. 2-18-15
 Township _____ or Village _____ or
 City Woodburn No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Sarah Ann 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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced
 HUSBAND of Stephen B. Seely Deceased
 (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Sept 29, 1906

7 AGE Years: 70 Months: 3 Days: _____
 if less than 1 day, ____ hrs. or ____ min.

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

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

10 NAME OF FATHER Mr Kaufman
 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Blaine Seely
 (Address) Woodburn, Ore

15 Filled 7/15, 1927 W. Beebe
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1927 to Jan 16, 1927 that I last saw him alive on Jan 16, 1927, and that death occurred on the date stated above, at 2:10 m.

The CAUSE OF DEATH* was as follows:
7 stroke

(duration) _____ 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? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis _____
 (Signed) W. Beebe M. D.
Jan 16, 1927 (Address) Woodburn

* 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 Bird Cemetery Stafford DATE OF BURIAL Jan 18 1927

20 UNDERTAKER E. J. Hall ADDRESS Woodburn

Seeley