

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

2

1 PLACE OF DEATH County Douglas State Oregon State Registered No. _____
 Township _____ or Village _____ Local Registered No. 9
 City Roseburg No. Sisters of Mercy Hospital St. _____ Ward _____
 (If death occurred in hospital or institution, give its name instead of street and number)
 2 FULL NAME Sarah D. Seeley
 (a) Residence. No. 304 East Cass St. Roseburg Ore.
 Length of residence in city or town where death occurred 14 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) widowed
 5a If married, widowed, or divorced HUSBAND of Samuel M Seeley (or) WIFE of _____
 6 DATE OF BIRTH (month, day, and year) Nov. 16 - 1858
 7 AGE Years Months Days If less than 1 day, hrs. or min.
65 1 17
 8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Retired Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 14 yrs.
 (c) Name of employer _____
 9 BIRTHPLACE (city or town) Adrian (State or country) Ohio
 10 NAME OF FATHER John M. Kirby
 11 BIRTHPLACE OF FATHER (city or town) Adrian (State or country) Ohio
 12 MAIDEN NAME OF MOTHER Park Egbert
 13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Ohio
 14 Informant Dr. A. C. Seeley (Address) Roseburg Oregon
 15 Filed Feb 10 1919

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1919
 17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1918, to Jan 2nd 1919, that I last saw her alive on Jan 2 1919, and that death occurred on the date stated above, at 9 P. M.
 The CAUSE OF DEATH* was as follows:
infection in Rt Lung
Empyema Rt chest
 (duration) yrs. 2 mos. 15 days.
 CONTRIBUTORY Pneumonia (lobar) delayed resolution (Secondary) (duration) yrs. 2 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. F. Sether M. D.
1-3, 1919 (Address) Roseburg
 * 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 St. Paris, Ohio DATE OF BURIAL Jan - 1919
 20 UNDERTAKER M. E. Pitter, Roseburg, Oregon ADDRESS _____

Seeley