

Oregon State Board of Health

Certificate of Death

946

1. PLACE OF DEATH
 County Multnomah State Oregon State Registered No. 3893
 Local Registered No. 3897
 Township _____ or Village _____ or
 City Portland No. Emanuel Hospital St., _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street number)
 Length of residence in city or town where death occurred no record yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Seth Seely
 (a) Residence: No. 111 S.W. Burnside 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)
Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Dec. 25, 1867

7. AGE Years Months Days If less than 1 day, - hrs. or - min.
70 11 19

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Sailor 6

9. Industry or business in which work was done as silk mill, sawmill, bank, etc. 68

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Louisiana

13. NAME Unknown

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

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sailors Union
 (Address) 111 W. Burnside St.

18. BURIAL, CREMATION OR REMOVAL - D
 Place Lincoln Mem. Park Date 12/16/38

19. UNDERTAKER A. J. Rose and Son
 (Address) 537 S.W. Alder St.

20. Filed DEC 16 1938
Dr. D. Rose Attest: [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/14/38 1938

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1938, to December 14, 1938, that I last saw him alive on December 14, 1938; death is said to have occurred on the date stated above, at 4:45 p.m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Coronary Thrombosis (94) Date of onset Dec. 13, 1938
Senility
Morphine Addiction? Long back

Contributory causes of importance not related to principal cause:
Senility
Morphine Addiction?

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

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
(Specify city or town, county and state)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Robert H. Thorne, M. D.
 (Address) 6 S.W. Sixth Avenue

Seeley