

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH

County Benton State Oregon State Registered No. 3
 Township _____ or Village _____ Local Registered No. 71
 City Corvallis No. _____, Corvallis General 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 1 yrs. 1 mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

2. FULL NAME Stella Dell Sealy

(a) Residence: No. R.F.D., #1 St., _____
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day, and year) October 14, 1878

7. AGE Years 55 Months 8 Days 6 If less than 1 day, ____ hrs. or ____ min.

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

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. W.C.T.U. Children's Farm Home

10. Date deceased last worked at this occupation (month and year) May, 1934 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) West Newton, Ohio. (State or country)

13. NAME Joseph Kirkpatrick,

14. BIRTHPLACE (city or town) Don't know. (State or country) " "

15. MAIDEN NAME Elizabeth Glenn,

16. BIRTHPLACE (city or town) Don't know. (State or country) " "

17. INFORMANT Lloyd J. Seely, (Address) Rt. 1, Corvallis, Oregon.

18. BURIAL, CREMATION OR REMOVAL Place Alsea, Oregon Date June 22, 1934

19. UNDERTAKER Keeney Funeral Home, Keeney (Address) Corvallis, Oregon.

20. Filed June 22, 1934 Reta Flanagan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934 to June 20, 1934 that I last saw her alive on June 20, 1934 death is said to have occurred on the date stated above, at 3:45 a.m. The principal cause of death and related causes of importance in order or onset were as follows:

Pneumonia
Broncho type

Date of onset 6/5/34

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

23. If death was due to external causes (violence) fill in also the following: What test confirmed diagnosis? _____ Was there an autopsy? NO.

Accident, suicide, or homicide clinical 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? No If so, specify _____

(Signed) A. H. Whitcomb, M. D. (Address) Corvallis, Oregon.

Seeley