

OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Marion State Or State Registered No. 454
 Township _____ or Village _____ Local Registered No. 38
 City Woodburn No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Steven Bishop 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 / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Married</u>
5a If married, widowed, or divorced HUSBAND of <u>Sarah A Seely</u> (or) WIFE of _____		
6 DATE OF BIRTH (month, day, and year) <u>May 8 1854</u>		
7 AGE <u>70</u> * Years	<u>29</u> Months	<u>29</u> Days If less than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (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) <u>Oregon</u>		
10 NAME OF FATHER <u>Lucius Seely</u>		
11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) <u>Ill</u>		
12 MAIDEN NAME OF MOTHER <u>Sophia Peterson</u>		
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>Ill</u>		
14 Informant <u>William Seely</u> (Address) <u>Woodburn</u>		
15 Filed <u>June 8 1924</u> <u>S. E. Bruce</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1924

17 I HEREBY CERTIFY, That I attended deceased from March 10 1924, to May 30 1924, that I last saw him alive on May 30 1924, and that death occurred on the date stated above, at 2 P. M.
 The CAUSE OF DEATH* was as follows: Pneumonia with effusion

 _____ (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? _____

What test confirmed diagnosis? _____

(Signed) Orman K. Wolf M. D.
June 7 1924 (Address) Woodburn, 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 <u>Staffords Care</u>	DATE OF BURIAL <u>June 8 1924</u>
20 UNDERTAKER <u>E. D. Hall</u>	ADDRESS <u>Woodburn</u>

Seeley