

CERTIFICATE OF DEATH. 791

DATE OF DEATH.

County of Washington
or

Registered No. _____

City of _____ No. _____
(If in country, distance and direction from city.)

Street. _____
[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Samuel Seelye

PERSONAL AND STATISTICAL PARTICULARS.

Sex Male Color White

Date of Birth July 10 1882
Month Day Year

Age _____ years, _____ months, _____ days.

Single, Married, Widowed, or Divorced Single

Birthplace Ind.
State or Country

Name of Father Almon Seelye

Birthplace of Father Ind.
State or Country

Maiden Name of Mother Mary

Birthplace of Mother _____
State or Country

Occupation Miner

MEDICAL CERTIFICATE OF DEATH.

Date of Death June 16th 1900
Month Day Year

I HEREBY CERTIFY, That I attended deceased from May 12, 1900, to June 2, 1900, that I last saw him alive on June 6th, 1900, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:
Chronic Intestinal Hemorrhage -

5070 (DURATION) _____ days

Contributory _____ (DURATION) _____ days

(Signed) F. J. Seelye M. D.
June 19th 1900 (Address) Hillside

The above stated personal particulars are true to the best of my knowledge and belief

Informant) J. H. Seelye
(Address) Blacksburg

Filed June 19th 1900
E. G. Burt Registrar.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted if not at place of death? _____

Place of Burial or Removal 1115 W. Adams (Date of Burial) June 17th 1900

Undertaker _____ Address _____

[B.H.-2.]

Seeley