

CASE REPORTED

Oregon State Board of Health Certificate of Death

1. PLACE OF DEATH #4-6795 State Registered No. 1106
County Marion State State Local Registered No. 493
Township or Village
City Salem No. State Tuberculosis Hospital, Salem, Oreg., st., Ward
Length of residence in city or town where death occurred yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
2. FULL NAME Seely, Burt Garfield
(a) Residence: No. Rt. #3, St. Woodburn, Oregon.
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Townsend
6. DATE OF BIRTH (month, day and year) Jan. 28, 1881
7. AGE Years 55 Months 11 Days 3 If less than 1 day, ...hrs. or ...min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Oregon
13. NAME Stephen Bishop Seely
14. BIRTHPLACE (city or town) (State or country) Canby, Oregon
15. MAIDEN NAME Sarah Ann Kaufman
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Hospital records (Address) State Tuberculosis Hospital, Salem
18. BURIAL, CREMATION OR REMOVAL Place Woodburn Date 1-4-1937
19. UNDERTAKER Ringo Undertakers (Address) Woodburn, Oregon.
20. Filed 1-4-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 31, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936, to Dec. 31, 1936, that I last saw him alive on Dec. 31, 1936, death is said to have occurred on the date stated above, at 8:48 A.M. 23
The principal cause of death and related causes of importance in order of onset were as follows: Pulmonary Tuberculosis 1934
Contributory causes of importance not related to principal cause:
Name of operation Positive sputum Date of
What test confirmed diagnosis? 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) A. V. King M. D.
(Address) State Tuberculosis Hospital.

THIS USE BACK OF CERTIFICATE.

Seeley