

**OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

State Registered No. 231

1 PLACE OF DEATH

County Jackson State Ore. Local Registered No. 140
 Township..... or Village.....
 City Medford No. St. Ward

(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Vivian Harriett Seely

(a) Residence. No. Cor. Sixth & Grape St. 2yrs
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Single</u>		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of				
6 DATE OF BIRTH (month, day, and year) <u>Oct-25-1918</u>				
7 AGE	Years <u>2</u>	Months <u>1</u>	Days <u>6</u>	If less than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (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>Medford, re.</u>				
10 NAME OF FATHER <u>Geo. A. Seely</u>				
PARENTS	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Wash.</u>			
	12 MAIDEN NAME OF MOTHER <u>Lucy A. Waggoner</u>			
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Kansas</u>			
14 Informant <u>Geo. A. Seely</u> (Address) <u>Medford, Ore.</u>				
15 Filed <u>Dec 27</u> , 19 <u>20</u> <u>Hospital</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month day, and year) 12/1/20 1920

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st 1920, to Dec 1st 1920, that I last saw h. or alive on Dec 1st 1920 and that death occurred on the date stated above, at 1:30 P. m.
 The CAUSE OF DEATH* was as follows
Acute antitoxin intoxication
 (duration) 2 yrs., 2 mos., 2 days.

CONTRIBUTORY (Secondary)
 (duration) 2 yrs., 2 mos., 2 days.

18 Where was disease contracted if not at place of death?
 Did an operation precede death? No. Date of
 Was there an autopsy? No.
 What test confirmed diagnosis? Physic finding & Symp.
 (Signed) J. D. Drake M. D.
Dec 3, 1920 (Address) Medford 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>Medford, Ore.</u>	DATE OF BURIAL <u>12/3/20</u>
20 UNDERTAKER <u>John A. Perp-Medford, re.</u>	ADDRESS

Seeley