

STATE PRINTING DEPT.

Oregon State Board of Health
 Division of Vital Statistics
 8186 Standard Certificate of Death
 State File No. 5451
 Local Registrar's No. 54
 J7-10801 STATE OF OREGON J-7-1043-V1

1. PLACE OF DEATH: SEP 10 1947
 (a) County Clatsop
 (b) City or town Seaside
 (c) Name of hospital or institution: Seaside Hospital
 (d) Length of stay: In hospital or institution 6 days
 In this community 25 years In State 77 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oregon (b) County Clatsop
 (c) City or town Seaside
 (d) Street No. 311 Ave "A"
 (e) If foreign born, how long in U. S. A.? Native years 46 1/2

3. (a) FULL NAME William Waters Seely
 3. (b) If veteran, name war ----- 3. (c) Social Security No. None
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Seely 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased August 21 1870
 8. Age: Years 77 Months 0 Days 1 If less than one day -- hr. -- min.
 9. Birthplace Sweetwater Oregon
 10. Usual occupation Sawyer - Cottage Owner
 11. Industry or business Lumber
 12. Name Jira Joseph Seely
 13. Birthplace Unknown
 14. Maiden name Emilie Hunsicker
 15. Birthplace Unknown
 16. (a) Informant's own signature Mary Seely By Lay Erickson
 (b) Address Seaside, Oregon
 17. (a) Burial (b) Date thereof 8-25-'47
 (c) Place: burial or cremation Mt. Scott Cemetery
 Hughes-Ransom Mortuary Portland
 18. (a) Signature of funeral director Harry R. Rindler
 (b) Address 276 - 12th St - Astoria, Ore
 19. (a) August 24, 1947 (b) [Signature] Registrar's signature

MEDICAL CERTIFICATION
 20. Date of death: Month August day 22 year 1947 hour 3 minute 15
 21. I hereby certify that I attended the deceased from Aug. 21 1947 to Aug. 22, 1947 that I last saw him alive on Aug. 22, 1947 and that death occurred on the date and hour stated above.
 Immediate cause of death Carcinoma Pancreas Duration 2 months
 Due to -----
 Due to -----
 Other conditions -----
 Major findings: Of operations -----
 Of autopsy -----
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) -----
 (b) Date of occurrence -----
 (c) Where did injury occur? -----
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? -----
 While at work? ----- (e) Means of injury -----
 23. Signature A. E. [Signature] (M. D. or other) -----
 Address Seaside, Ore Date signed 27 Aug. 47

Seeley