

OREGON STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH  
County of Multnomah

Township \_\_\_\_\_  
or  
Village \_\_\_\_\_

City of Portland

(No. St. Vincent's Hospital st. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

STANDARD CERTIFICATE OF DEATH

State Index No. 206

Local Registered No. 206

FULL NAME Cora Seely

PERSONAL AND STATISTICAL PARTICULARS

3 Sex female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) married

6 Date of Birth 5 25, 1889  
(Month) (Day) (Year)

7 Age 28 yrs. 9 mos. 4 ds. If less than 1 day, hrs. or min.?

8 Occupation (a) Trade, Profession, or particular kind of work housewife  
(b) General nature of industry, business or establishment in which employed (or employer)

9 Birthplace (State or country) Illinois

10 Name of Father William Brobst

11 Birthplace of Father (State or country) Germany

12 Maiden Name of Mother Sophia Meyer

13 Birthplace of Mother (State or country) Germany

14 The above is true to the best of my knowledge

(Informant) Raymond Seely

(Address) Wilsonville, Ore

15 Filed 1/30 1918 Parrish Registrar

MEDICAL CERTIFICATE OF DEATH

16 Date of Death 1 29, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended the deceased from 12/29, 1917, to 1-29, 1918, that I last saw her alive on 1-29, 1917, and that death occurred, on the date stated above, at

11:30 A.M. The CAUSE OF DEATH\* was as follows:

Heart failure from several weeks of  
Pneumonia. By Colera Bacilli  
was occurring 3 days previous,

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Cerebral Infection "Colera Bacilli"  
(Secondary) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. P. Finley M. D.  
1/29, 1917 (Address) Coalhatt, Oreg

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death \_\_\_\_\_ yrs. 1 mos. \_\_\_\_\_ ds. In the 26 State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Former or usual Residence Wilsonville, Ore.

19 Place of Burial or Removal Wilsonville, Oregon Date of Burial 1/31/18, 1918

20 Undertaker J.P. FINLEY & SON Address PORTLAND, ORE.

Exact statement of OCCUPATION is very important.

PARENTS

Seeley