

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH
 County Benton State Oregon State Registered No. _____
 Local Registered No. 31

Township _____ or Village Alsea or
 City _____ No. _____ St., _____ Ward _____

(If death occurred in a hospital or institution, give its name instead of street number)
 Length of residence in city or town where death occurred 5 yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

2. FULL NAME Curtis Seely
 (a) Residence: No. Alsea St., _____
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella K. Seely

6. DATE OF BIRTH (month, day, and year) January 22, 1873

7. AGE Years: 60 Months: 1 Days: 17 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. Farm

10. Date deceased last worked at this occupation (month and year) May, 1932 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Green County, Illinois (State or country)

13. NAME Capt. William Seely,

14. BIRTHPLACE (city or town) Don't know, Illinois. (State or country)

15. MAIDEN NAME Elizabeth Jane Jones,

16. BIRTHPLACE (city or town) Don't know, Illinois (State or country)

17. INFORMANT Stella K. Seely, (Address) Alsea, Oregon.

18. BURIAL, CREMATION OR REMOVAL Place Alsea, Oregon. Date March 4, 1933

19. UNDERTAKER Keeney Funeral Home, A. Keeney (Address) Corvallis, Oregon.

20. Filed March 6, 1933 Cassie Parmenter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to Feb, 1933, that I last saw him alive on Feb 1, 1933; death is said to have occurred on the date stated above, at 4 A. in. The principal cause of death and related causes of importance in order or onset were as follows:

Carcinoma of stomach
H.P.

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Gastrectomy Date of Aug 1933
 What test confirmed diagnosis? X-ray 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) E. R. Seely M. D.

(Address) 201 Morgan Bldg, Portland, Or.

Seeley