

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

copy
State Registered No. 401
Local Registered No. 33

1 PLACE OF DEATH
County Marion State Oregon
Township _____ or Village _____ or
City Woodburn No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Edwin Seely
(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 Single, Married, Widowed or divorced (write the word) <u>Married</u>
5a If married, widowed, or divorced HUSBAND of <u>Julius Seely</u> (or) WIFE of _____		
6 DATE OF BIRTH (month, day, and year) <u>May 13 1862</u>		
7 AGE <u>62</u>	Years	Months <u>15</u>
		Days
		If less than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (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>Oregon</u>		
10 NAME OF FATHER <u>Julius Seely</u>		
PARENTS	11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) <u>New York</u>	
	12 MAIDEN NAME OF MOTHER <u>Sophia Putnam</u>	
	13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>Ill</u>	
14 Informant <u>Julius Seely</u> (Address) <u>Woodburn</u>		
15 Filed _____, 19 _____ Registrar		

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said _____ (Inquest, Autopsy or Inquiry) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral + Aortic regurgitation
Aortic
(duration) _____ yrs. mos. 79 days.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. days.

18 (Signed) E. S. Donnelly, M. D.
(Examining physician)
(Coroner)
_____, 191____ (Address) _____

* 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>Belle Passieum</u> 20 UNDERTAKER <u>E. B. Hall</u>	DATE OF BURIAL <u>May 30 1924</u> ADDRESS <u>Woodburn</u>
---	--

Seeley