

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

241

1 PLACE OF DEATH *Clackamas* State *Ore.* State Registered No. \_\_\_\_\_  
 County \_\_\_\_\_ Local Registered No. *83*  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City *Wilsonville* No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its name instead of street and number)  
 2 FULL NAME *Elmer H Seely*  
 (a) Residence. No. *Wilsonville* St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and state)  
 Length of residence in city or town where death occurred *29* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX *Male* 4 COLOR OR RACE *White* 5 Single, Married, Widowed or divorced? (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year) *April 19-1892*

7 AGE Years *29* Months *5* Days *2* If less than 1 day, hrs. or min. \_\_\_\_\_

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *None*  
 (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) *Oregon*

10 NAME OF FATHER *Stephen Seely*

11 BIRTHPLACE OF FATHER (city or town) (State or country) *Oregon*

12 MAIDEN NAME OF MOTHER *Jarrah Coffman*

13 BIRTHPLACE OF MOTHER (city or town) (State or country) *Oregon*

14 Informant *Stephen Seely*  
 (Address) *Wilsonville Ore*

15 Filed *Sept 27*, 19 *21* *Lawler* Registrar

**CORONER'S CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) *Sept 21 19 21*

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* thereon (Inquest, Autopsy or Inquiry)

and from the evidence obtained by said *Inquest* (Inquest, Autopsy or Inquiry)

find that said deceased came to *this* death on the day stated above.

The CAUSE OF DEATH \* was as follows *Gun shot wound through head self*

*(15)* *implicated - suicidal*  
 (duration) *sudden* yrs. mos. days.

CONTRIBUTORY *Tuberculosis*  
 (Secondary) (duration) *2* yrs. mos. days.

(Signed) *M. C. Strickland*, M. D. (Examining physician)

*O. A. Pace* (Coroner)  
*Sept 26*, 19 *21* (Address) *Oregon City, 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 *Stafford* DATE OF BURIAL *Sept 27 19 21*

20 UNDERTAKER *Holman & Pace* ADDRESS *Oregon City*

VERY IMPORTANT. SEE THIS ON DEPT. OF CELEBRATIONS.

*Seely*