

OF DEATH in Person cases, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OREGON STATE BOARD OF HEALTH CERTIFICATE OF DEATH

77
State Registered No. 2646
Local Registered No. 2755

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

2 FULL NAME Elsey V Seely
 (a) Residence. No. Wilsonville St. _____
(Usual place of abode)
 Length of residence in city or town where death occurred yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed or divorced (write the word) divorced

5a If married, widowed, or divorced HUSBAND of Horace Glossop (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Feb 23/1891

7 AGE Years 38 Months 6 Days 18
If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer _____

9. BIRTHPLACE (city or town) Wilsonville (State or country) Oregon

PARENTS

10 NAME OF FATHER Robert J Seely

11 BIRTHPLACE OF FATHER (city or town) Wilsonville (State or country) _____

12 MAIDEN NAME OF MOTHER Nellie H Corby

13 BIRTHPLACE OF MOTHER (city or town) Clarkamas (State or country) _____

14 Informant Mrs Seely (Address) Wilsonville

15 Filed SEP 10 1929 Registrar J. B. Wood

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10/1929

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Starvation associated with dementia (17)

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

18 Where was disease contracted if not at place of death? _____

{ Did an operation precede death? _____ Date of _____
 { For relief of what condition? _____

Was there an autopsy? _____

What test confirmed diagnosis?
 (Signed) E. H. Maulore, M. D.
Sept 10, 1929 (Address) Portland, 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 Hood View Cem. DATE OF BURIAL Sept 12 19____

20 UNDERTAKER Holmans & Pace ADDRESS Oregon City

Seely