

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH
 County Marion State Oregon State Registered No. 643
 Township _____ or Village _____ Local Registered No. 241
 City Salem No. 1370, Chemeketa, St., _____ Ward _____
 Length of residence in city or town where death occurred 50 yrs. mos. ds. (If death occurred in a hospital or institution, give its name instead of street number)
 How long in U. S., if of foreign birth? 400 yrs. mos. ds.

2. FULL NAME Estelle A. Seely
 (a) Residence: No. 1370, Chemeketa St., 411 Salem, Oregon
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>George Franklin Seely</u>		
6. DATE OF BIRTH (month, day and year) <u>Dec. 25, 1855</u>		
7. AGE <u>83</u>	Years <u>7</u>	Months <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		9. If less than 1 day, - hrs. or - min. <u>9</u>
9. Industry or business in which work was done as silk mill, sawmill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) (State or country) <u>Blanchester Ohio</u>
13. NAME <u>Jesse H. Baldwin</u>		14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>
15. MAIDEN NAME <u>Mathilda Michell</u>		16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>
17. INFORMANT <u>Mary R. Seely</u> (Address) <u>1370 Chemeketa St., Salem, Oregon</u>		
18. BURIAL, CREMATION OR REMOVAL <u>Entombment</u> Place <u>Mt. Crest Abbey, Salem</u> Date <u>Aug. 4, 1939</u>		
19. UNDERTAKER <u>W. T. Rigdon Co.</u> (Address) <u>Salem, Oregon</u>		
20. Filed <u>8-4-1939</u> <u>Samuel A. Long</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939 to Aug 2, 1939 that I last saw alive on July 31, 1939, death is said to have occurred on the date stated above, at _____ m. 9:30
 The principal cause of death and related causes of importance in order of onset were as follows:
Chronic Myocarditis 9 30 years Date of onset
 Contributor causes of importance not related to principal cause:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
no If so, specify _____
 (Signed) A. F. Scherbaum, M. D.
 (Address) Salem, Oregon Mt. Angel

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