

STATE PRINTING DEPT.

Oregon State Board of Health  
Division of Vital Statistics

# Standard Certificate of Death

STATE OF OREGON 50

State File No. **3332**  
Local Registrar's No. **3331**

### 1. PLACE OF DEATH:

(a) County Multnomah  
(b) City or town Portland  
(If outside city or town limits write RURAL)  
(c) Name of hospital or institution:  
924 S.W. 16th Ave.  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 50 yrs. In state all life (Specify whether years, months or days)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Multnomah  
(c) City or town Portland  
(If outside city or town limits write RURAL)  
(d) Street No. 924 S. W. 16th Ave.  
(If rural give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

### 3. (a) FULL NAME Eva Martha Seely

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George G. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 3rd, 1869  
(Month) (Day) (Year)

8. Age: Years 75 Months 7 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lane County, Oregon  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name Belieu Ausbury

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Lenora Miller

(b) Address 924 S.W. 16 Ave.

17. (a) Burial (b) Date thereof 9-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Fir Cemetery

18. (a) Signature of funeral director Miller & Tracey G.H. Danner

(b) Address 714 S.W. 20th Place

19. (a) SEP 26 1944 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. Date of death: Month September day 23rd,  
year 1944 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from 8-2-44  
1944 to 9-23-44; that I last saw her alive  
on 9-22-44, 1944 and that death occurred on the date  
and hour stated above. (50)

Immediate cause of death Carcinoma of Right Mammary gland

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 11 yrs.

### PHYSICIAN

Underline the cause to which death should be charged statistically

### 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place,  
in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J.T. Maguire (M. D.)  
3530 A.E. Whitcomb Date signed 9/26/44

IMPORTANT.

Seeley