

11620

Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death
STATE OF OREGON

State File No. 3614
Local Registrar's No. 3613

79-31063 11/11/47

469

N. B.—WRITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE PRINTING DEPT.

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:
Emanuel Hospital
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 18 yrs In state 18 yrs

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. 6805 SE 20th avenue
(If rural give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) FULL NAME Florence T. Seely

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female race white 5. Color or divorced divorced

6. (b) Name of husband or wife John O. Seely 6. (c) Age of husband or wife _____ years
(Specify whether years, months or days)

7. Birth date of deceased July 10, 1884
(Month) (Day) (Year)

8. Age: Years	Months	Days	If less than one day
63	3	10	hr. min.

9. Birthplace South Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business _____

12. Name Andrew Grinde

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

14. Maiden name Susan Bentson

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

16. (a) Informant's own signature Louise Seely

(b) Address 6805 S.E. 20th Ave

17. (a) Vault entomb (b) Date thereof 10-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portland Mausoleum

18. (a) Signature of funeral director McGinnis & Wilhelm

(b) Address Portland Oregon

19. (a) OCT 24 1947 (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. Date of death: Month 10 day 20
year 1947 hour 1:30 P.M. minute _____

21. I hereby certify that I attended the deceased from Mar 19 47 to 10-20 19 47; that I last saw her alive on 10-20 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Terminal broncho-pneumonia</u>	
Due to <u>C.A. The Pancreas</u>	
Due to <u>Metastasis to liver & peritoneum</u>	
Other conditions <u>& lymph nodes</u> <small>(Include pregnancy within months of death)</small>	

PHYSICIAN _____
Underline the cause to which death should be charged statistically

Major findings:
Of operations _____

Of autopsy Yes
See above

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, or while at work? _____
(Specify type of place)

(e) Signature G.R.W. Cushman (M. D. or other) M.D.
Address 4212 N.E. B'way Date signed 10/23/47
Portland

Seeley