

Oregon State Board of Health

Certificate of Death

State Registered No. **249**

1. PLACE OF DEATH

County Clackamas State Oregon Local Registered No. 151
 Township _____ or Village _____
 City Oregon City No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its name instead of street number)
 Length of residence in city or town where death occurred yrs. mos. '4 da. How long in U. S., if of foreign birth? yrs. moe. da.

2. FULL NAME Francis Eric Seely

(a) Residence: No. _____ St. Bremerton, Washington
 (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>Married</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Eddie Seely</u>		
6. DATE OF BIRTH (month, day and year) <u>July 30, 1888</u>		
7. AGE <u>44</u>	Years <u>11</u>	Months <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own home</u>		
10. Date deceased last worked at this occupation (month and year) <u>June, 1933</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (city or town) (State or country) <u>West Virginia</u>		
13. NAME <u>James Henry Springston</u>		
14. BIRTHPLACE (city or town) (State or country) <u>West Virginia</u>		
15. MAIDEN NAME <u>Pauline C. Short</u>		
16. BIRTHPLACE (city or town) (State or country) <u>West Virginia</u>		
17. INFORMANT <u>Mr. Eddie Seely</u> (Address) <u>Bremerton, Washington</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Lincoln Memorial</u> Date <u>July 5, 1933</u>		
19. UNDERTAKER <u>Oregon City Funeral Home</u> (Address) <u>1306 Seventh St. Oregon City</u>		
20. Filed <u>July 12, 1933</u> <u>A. H. Gustafson, M.D.</u> <u>Samuel L. D. Malace 279</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to July 9, 1933
 that I last saw h. or alive on July 3, 1933 death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Intestinal obstruction Date of onset June 28, 1932
Band of adhesions
 Contributory causes of importance not related to principal cause:
 Name of operation Laparotomy Date of July 20, 1933
 What test confirmed diagnosis? no Was there an autopsy no
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (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?
 If so, specify _____
 (Signed) Raymond A. Seely M. D.
 (Address) Oregon City

Seely