

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH			Oregon State Board of Health BUREAU OF VITAL STATISTICS	
County <u>Clackamas</u>			STANDARD CERTIFICATE OF DEATH	
Township _____ or Village <u>Wilsonville</u>			Registered No. <b>4103</b>	
City _____ (No. _____) St.; _____ Ward)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <u>Frank Seely</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>Dec. 22<sup>nd</sup></u> , 191 <u>3</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u>Sept 15</u> - <u>15</u> - <u>1837</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 15</u> , 191 <u>3</u> , to <u>Dec 22</u> , 191 <u>3</u> , that I last saw <u>him</u> alive on <u>Dec 19</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>3 a</u> m. The CAUSE OF DEATH* was as follows: <u>Gastric Carcinoma</u>	
7 AGE <u>62</u> yrs. <u>3</u> mos. <u>7</u> ds. <small>If less than 1 day, hrs. or min.?</small>			_____ <small>(Duration) yrs. mos. ds.</small>	
8 OCCUPATION <small>(a) Trade, profession, or particular kind of work</small> <u>Farmers</u> <small>(b) General nature of industry, business, or establishment in which employed (or employer)</small>			Contributory _____ <small>(Secondary)</small>	
9 BIRTHPLACE <small>(State or country)</small> <u>Oregon</u>			_____ <small>(Duration) yrs. mos. ds.</small>	
10 NAME OF FATHER <u>Lucius A. Seely</u>			Signed _____ M. D. <u>Jan 5</u> , 191 <u>4</u> (Address) <u>Amor Ave</u>	
11 BIRTHPLACE OF FATHER <small>(State or country)</small> <u>New York State</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
12 MAIDEN NAME OF MOTHER <u>Sophia Buckman</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)	
13 BIRTHPLACE OF MOTHER <small>(State or country)</small> <u>Illinois</u>			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE <small>(Informant)</small> <u>Mrs Mary A. Seely</u> <small>(Address)</small> <u>Shenwood Oregon P.O. 2</u>			19 PLACE OF BURIAL OR REMOVAL <u>Pleasant Hill</u>	
15 Filed _____, 191____ Registrar _____			DATE OF BURIAL <u>12/24</u> , 191 <u>3</u>	
			20 UNDERTAKER <u>M E Buck</u>	
			ADDRESS <u>Shenwood</u>	

Seen