

1. PLACE OF DEATH State Registered No. _____
 County Marion State Oregon Local Registered No. 85
 Township _____ or Village _____ or
 City Salem No. 1370 Chemeketa St., _____ Ward _____
 Length of residence in city or town where death occurred 47 yrs. mos. da. (If death occurred in a hospital or institution, give its name instead of street number)
 How long in U. S., if of foreign birth? yrs. mos. da.

2. FULL NAME George Franklin Seely
 (a) Residence: No. 1370, Chemeketa St., _____
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (Write the word) married

5a. If married, widowed, or divorced HUSBAND of Estelle A. Seely (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) May 10, 1847

7. AGE Years: 87 Months: 10 Days: 4 If less than 1 day, ...hrs. or ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer

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) Ill.

13. NAME A. Stewart Seely

14. BIRTHPLACE (city or town) (state or country) Unknown

15. MAIDEN NAME Lana

16. BIRTHPLACE (city or town) (state or country) Unknown

17. INFORMANT Miss Mary Seely (address) Salem, Oregon

18. BURIAL, CREMATION OR REMOVAL Place Mt. Crest Abbey Date Mar. 16, 1935

19. UNDERTAKER W. T. Rigdon Co. (Address) Salem, Oregon

20. Filled 3-16-1935 Ann A. Douglas, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 14, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Mar 11 1935 to Mar 14 1935 that I last saw him alive on Mar 13, 1935; death is said to have occurred on the date stated above, at 6:00 p.m.
 The principal cause of death and related causes of importance in order of onset were as follows:

hemorrhage from ulcerations at base of myelip to cerebral of sigmoid

Date of onset Mar 11 1935

Contributory causes of importance not related to principal cause: _____

Name of operation none Date of clinical autopsy
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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 specify _____

(Signed) Hugh A. Dawd, M. D.
 (Address) Salem, Oregon

REPRODUCED FROM ORIGINALS

Seeley