

tion 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. See instructions on back of certificate.

OREGON STATE BOARD OF HEALTH CERTIFICATE OF DEATH

State Registered No. 271

1 PLACE OF DEATH
 County Clackamas State _____ Local Registered No. 21-3
 Township _____ or Village _____ or _____
 City Wilsonville No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME George B. Seely
 (a) Residence No. R.F.D. Sherwood St. _____
(Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Malinda Seely

6 DATE OF BIRTH (month, day, and year) _____

7 AGE Years 75 Months 11 Days — If less than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmer
 (c) Name of employer _____

9 BIRTHPLACE (city or town) (State or country) Ill.

10 NAME OF FATHER Lucien Seely

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Malinda Seely
 (Address) R.F.D. Sherwood

15 Filed _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/25/21

17 I HEREBY CERTIFY That I attended deceased from Aug 7 1921 to Oct 23 1921, that I last saw him alive on Oct 24 1921, and that death occurred on the date stated above, at 2 A m.
 The CAUSE OF DEATH* was as follows:
mal nutrition (40)
Carcinoma of stomach
 (duration) 1 yrs., 4 mos., _____ days.
 CONTRIBUTORY Carcinoma
 (Secondary) (duration) 1 yrs., 4 mos., _____ days.

18 Where was disease contracted _____ if not at place of death? _____
 Did an operation precede death? yes Date of 1-year ago
 Was there an autopsy? no
 What test confirmed diagnosis? _____
 (Signed) Al Walden M. D.
 1921 (Address) Sherwood Ore.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sherwood Hill Cem DATE OF BURIAL 10/27 1921
 20 UNDERTAKER Winstollingsworth ADDRESS Sherwood

Seely