

Oregon State Board of Health

Certificate of Death

Dr. Drummond

108

1. PLACE OF DEATH

County Jackson State Oregon State Registered No. _____
 Township _____ or Village _____ Local Registered No. 75
 City Medford No. Community Hospital, St., _____ Ward _____

Length of residence in city or town where death occurred 1 yrs. 5 mos. 18 ds. (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. ds.

2. FULL NAME

Georgia Ann Seely

(a) Residence: No. 927 S. Beach St., _____
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Single

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

6. DATE OF BIRTH (month, day and year) Sept. 8, 1936

7. AGE Years Months Days If less than 1 day, hrs. or min.
1 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Medford, Oregon (State or country)

18. NAME Eugene Seely

14. BIRTHPLACE (city or town) Snohomish (State or country) Wash.

15. MAIDEN NAME Ethel Lane

16. BIRTHPLACE (city or town) Sterling (State or country) Kansas

17. INFORMANT Eugene Seely (Address) Medford, Oregon

18. BURIAL, CREMATION OR REMOVAL Place Medford, Oregon Date 3/29, 1938

19. UNDERTAKER H. W. Conger (Address) Medford Oregon

20. Filed 3/30, 1938 L. D. Drake Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 26 19 38

22. I HEREBY CERTIFY That I attended deceased from March 1, 1938 to March 26, 1938 that I last saw her alive on March 26, 1938; death is said to have occurred on the date stated above, at 11:30 m. A.

The principal cause of death and related causes of importance in order of onset were as follows:

44C
Aphasia cerebra? Date of onset March 18
Mening. March 10

Contributory causes of importance not related to principal cause: _____

Name of operation Transf. in Date of 3-25-38

What test confirmed diagnosis? Lab + Chem Was there an autopsy? No

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 so specify _____

(Signed) L. D. Drummond, M. D.
 (Address) Medford, Oregon

REPRODUCTION OF THIS CERTIFICATE IS PROHIBITED

Seeley