

25. CAUSE OF DEATH IN PLAIN TERMS. The "Special Information" for persons dying away from home should be given in every instance.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
PLACE OF DEATH County of <u>Wenton</u> Village of _____ or City of <u>Corvallis</u>	OREGON STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	Registered No. <u>3798</u>	[If death occurred in a Hospital or Institution give its NAME instead of street and number.]
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]		No. _____ St.; _____ Ward	
FULL NAME <u>Annie Dunn Seely</u>			
SEX <u>Female</u>	COLOR <u>White</u>	DATE OF DEATH <u>Dec 6 1910</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July 10 1873</u> (Month) (Day) (Year)		I HEREBY CERTIFY, That I attended deceased from _____ 19....., to..... 19.....	
AGE <u>37</u> years, <u>4</u> months, <u>27</u> days		that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at... <u>7</u> P. M.	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		The CAUSE OF DEATH was as follows: <u>Acute intestinal colitis complicated with much haemorrhage also curettage of uterus - 3 mo. pregnancy (duration) 10 days</u>	
BIRTHPLACE (State or country) <u>Oregon</u>		Contributory <u>to abortion same for 30 passages during and following preceding pregnancy (duration) 10 days</u>	
NAME OF FATHER <u>James Spencer</u>		(Signed) <u>W. H. Rowley M. D.</u>	
BIRTHPLACE OF FATHER (State or country) <u>Missouri</u>		<u>Dec 9 1910 (Address) Corvallis, Or.</u>	
MAIDEN NAME OF MOTHER <u>Martin Dunn</u>		Transients, or Recent Residents. SPECIAL INFORMATION only for Hospitals, Institutions, Former or Usual Residence. How long at Place of Death? Days	
BIRTHPLACE OF MOTHER (State or country) <u>Indiana</u>		Where was disease contracted if not at Place of death? _____	
OCCUPATION <u>Housewife</u>		PLACE OF BURIAL OR REMOVAL <u>1007 Cemetery</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF		DATE OF BURIAL <u>Dec 7 1910</u>	
(Informant) <u>Ann Seely</u>		UNDERTAKER <u>McRover</u>	
(Address) <u>Corvallis</u>		ADDRESS <u>Corvallis</u>	
Filed _____ 19.....		Registrar. _____	

Seeley