

**OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

62

1 PLACE OF DEATH Marion County Oregon State Registered No. 3
 Township _____ or Village _____ or
 City Woodburn No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 2 FULL NAME Glady's J Seeley
 (a) Residence. No. _____ St. _____
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 10 yrs. 9 mos. 8 da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or divorced (write the word) <u>Child</u>		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6 DATE OF BIRTH (month, day, and year) <u>Mar 19 1908</u>				
7 AGE	Years <u>10</u>	Months <u>9</u>	Days <u>3</u>	If less than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At home</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9 BIRTHPLACE (city or town) <u>Woodburn</u> (State or country) <u>Oregon</u>				
10 NAME OF FATHER <u>Chas Seeley</u>				
PARENTS	11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) <u>Oregon</u>			
	12 MAIDEN NAME OF MOTHER <u>Lena Ellisen</u>			
	13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>Oregon</u>			
14 Informant <u>Chas Seeley</u> (Address) <u>Woodburn</u>				
15 Filed <u>Jan-17</u> , 19 <u>18</u> <u>W. H. Beabe</u> Registrar				

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (month, day, and year) <u>Jan 16 1919</u>
17 I HEREBY CERTIFY, That I attended deceased from <u>11</u> _____ 19 <u>18</u> to <u>Jan 16</u> , 19 <u>19</u> , that I last saw him alive on <u>Jan 13</u> , 19 <u>19</u> , and that death occurred on the date stated above, at <u>4</u> _____ a. m. The CAUSE OF DEATH* was as follows: <u>Influenza</u> _____ _____ (duration) _____ yrs., _____ mos., <u>5</u> days. CONTRIBUTORY _____ (Secondary) _____ _____ (duration) _____ yrs., _____ mos., _____ days. 18 Where was disease contracted _____ if not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>W. H. Beabe</u> , M. D. 19 _____ (Address) <u>Woodburn</u> * 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 <u>Belle Passi'cum</u>
DATE OF BURIAL <u>Jan 17 1919</u>
20 UNDERTAKER <u>E. N. Hall</u>
ADDRESS <u>Woodburn</u>

Seeley