

Oregon State Board of Health

Certificate of Death

*D. Johnson*

1. PLACE OF DEATH  
 County Benton State Oregon State Registered No. 99  
 Local Registered No. 88  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Corvallis No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its name instead of street number)  
 Length of residence in city or town where death occurred - yrs. - mos. 2 ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

2. FULL NAME Harry H. Seely  
 (a) Residence: No. \_\_\_\_\_ St., Alsea, Oregon  
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>October 11, 1878</u>		
7. AGE	Years: <u>53</u>	Months: <u>11</u> Days: <u>10</u>
		If less than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July, 1932</u>	11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (city or town) <u>Green County, Illinois.</u> (State or country)		
FATHER	13. NAME <u>William Seely,</u>	
	14. BIRTHPLACE (city or town) <u>Green County, Illinois.</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Elizabeth Jane Jones,</u>	
	16. BIRTHPLACE (city or town) <u>Green County, Illinois</u> (State or country)	
17. INFORMANT <u>Mrs. S.N. Warfield,</u> (Address) <u>Corvallis, Oregon.</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Alsea, Ore.</u> Date <u>Sept. 23, 1932</u>		
19. UNDERTAKER <u>Keeney Funeral Home, Corvallis, Oregon.</u> (Address)		
20. Filed <u>Sept. 22, 1932</u> <u>Addie Penner</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to Sept. 21, 1932 that I last saw him alive on Sept. 21, 1932; death is said to have occurred on the date stated above, at 11:10 a.m.  
 The principal cause of death and related causes of importance in order or onset were as follows:  
Organic heart disease.  
Stroke  
 Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause:  
Stroke

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) M. J. Johnson, M. D.  
 (Address) Corvallis, Oregon.

**Seeley**