

Oregon State Board of Health

Cert of Death

1. PLACE OF DEATH

County Washington State Oregon State Registered No. 90
 Township _____ or Village _____ Local Registered No. 21
 City Tualatin No. Suicide by drowning 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME

Hazel Faye Seely
 (a) Residence: No. Wilsonville Ore (Usual place of abode) (If nonresident, give city or town and state)

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>Single</u>
6a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Single</u>		
6. DATE OF BIRTH (month, day, and year) <u>8-28-1903</u>		
7. AGE	Years: <u>26</u>	Months: <u>8</u>
	Days: <u>7</u>	If less than 1 day, ___ hrs. or ___ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u>		
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) <u>7-15-30</u>	11. Total time (years) spent in this occupation <u>life</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Wilsonville Ore</u>		
13. MOTHER FATHER		
18. NAME <u>Robert Seely</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Clackamas Ore</u>		
15. MAIDEN NAME <u>Nettie H. Carley</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Clackamas Ore</u>		
17. INFORMANT <u>Chester W. Seely</u> (Address) <u>Wilsonville, Ore</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Clackamas Co</u> Date <u>5/18</u> 19 <u>30</u>		
19. UNDERTAKER <u>Edmond</u> (Address) <u>Wilsonville, Ore</u>		
20. Filed <u>June 10, 1930</u> Registrar <u>J. B. ...</u>		

CORONER'S CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16, 1930

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest & Exam thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Examination (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.
 The CAUSE OF DEATH* was as follows:
Drowning Date of onset _____
on this date
(Suicide) 169
 Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Arthur Vincent, M. D.
 (Address) Tualatin, Ore
J. Jewell
 (Coroner)

Important. See instructions on back of certificate.

Seeley