

OREGON STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Washington State _____ State Registered No. _____
 Township _____ or Village _____ Local Registered No. 208
 City Sherwood Route #5 St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Helen Seely
 (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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles F. Seely

6 DATE OF BIRTH (month, day, and year) Sept 20 1841

7 AGE Years Months Days If less than 1 day, hrs. or min.
87 2 26

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (city or town) _____
(State or country) Penn.

10 NAME OF FATHER Reuben Mulkins

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Probably Penn.

12 MAIDEN NAME OF MOTHER Cooke

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) New York

14 Informant Helen Seely
(Address) St. Joseph's Hospital Tacoma, Wash.

15 Filed _____ 19 20 E. A. Fomer
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1928

17 I HEREBY Certify, That I attended deceased from Dec 14, 1928, to Dec 15, 1928, that I last saw h. lx alive on Dec 14, 1928, and that death occurred on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:
Pneumonia

(duration) _____ yrs., _____ mos., 3 days

CONTRIBUTORY Influenza
(Secondary) (duration) _____ yrs., _____ mos., 5 days

18 Where was disease contracted _____
 if not at place of death? _____

{ Did an operation precede death? no Date of _____

{ For relief of what condition? _____

Was there an autopsy? no

What test confirmed diagnosis? blurred
 (Signed) F. T. Pascher, M. D.
12-17, 1928 (Address) Sherwood Ore

* 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 _____ DATE OF BURIAL Dec 20 1928

20 UNDERTAKER P. W. Hollingworth & Son ADDRESS Newberg, Ore.

Seeley