

Oregon State Board of Health

Certificate of Death

443

1. PLACE OF DEATH

County Lane State Oregon State Registered No. 10Township _____ or Village _____ Local Registered No. 10City Coburg No. Marion Smith Ranch 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 0 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.2. FULL NAME James G. Seely(a) Residence: No. _____ st. Coburg, Oregon

(Usual place of abode)

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma 4. COLOR OR RACE White 5. Single, Married, Widowed or divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Sarah (or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Dec. 29, 18877. AGE Years 45 Months 9 Days 11 If less than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

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) 2031 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) Mountrose (State or country) Illinois13. NAME Wm. Seely14. BIRTHPLACE (city or town) _____ (State or country) Illinois15. MAIDEN NAME Lydia Toothacher16. BIRTHPLACE (city or town) _____ (State or country) Illinois17. INFORMANT Mrs. Sarah Seely (Address) Coburg, Oregon18. BURIAL, CREMATION OR REMOVAL Place Coburg Date Oct 12, 193319. UNDERTAKER Poole-Gray-Bartholomew (Address) Eugene, Oregon20. Filed 10-13-1933 Winnifred Seely Registrar

CORONER'S CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 10, 193322. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Inquest, Autopsy or Inquiry)and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.The CAUSE OF DEATH* was as follows: Probably Date of onset _____Captured Coronary arteryContributory causes of importance not related to principal cause: Age and previous trouble terrible pericardial 2-33Name of operation None Date of _____ What test confirmed diagnosis History Was there an autopsy? Yes

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? Coburg, Oregon (Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. 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. D.

(Address) Chas. R. Poole (Coroner)

Important. See in on back of certificate.

Seely