

very important. See instructions on back of certificate.

OREGON STATE BOARD OF HEALTH

Dr. 269 CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Multnomah State Oregon State Registered No. 1197
 Local Registered No. 1236
 Township _____ or Village _____ or
 City Portland No. Emanuel Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Baby Seely
 (a) Residence. No. 413 - E 75th St.
(Usual place of abode)
 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.

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>F</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>April 21-1928</u>				
7 AGE	Years	Months	Days	If less than 1 day, hrs. or 2 min.
				<u>4</u>
8 OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>None</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) _____				
(c) Name of employer _____				
9 BIRTHPLACE (city or town) <u>Portland</u> (State or country) <u>Oregon</u>				
10 NAME OF FATHER <u>Charles E Seely</u>				
11 BIRTHPLACE OF FATHER (city or town) <u>Washington</u> (State or country) _____				
12 MAIDEN NAME OF MOTHER <u>Rodney E Green</u>				
13 BIRTHPLACE OF MOTHER (city or town) <u>Washington</u> (State or country) _____				
14 Informant <u>Charles E Seely</u> (Address) <u>413 - E - 75th St</u>				
15 Filed <u>APR 24 1928</u> 19____ _____ Registrar				

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year) <u>April 21st 1928</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>4-21</u> 19 <u>28</u> , to <u>4-22-28</u> , 19____, that I last saw him <u>her</u> alive on <u>4-21-28</u> , 19____, and that death occurred on the date stated above, at <u>22</u> m.	
The CAUSE OF DEATH* was as follows: <u>Perinatal death (7 mo)</u>	
_____ (duration) _____ yrs., _____ mos., _____ 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>J. M. Madril</u> M. D. <u>4/23 1928</u> (Address) <u>285 Furgus St</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>Rose City Cem</u>	DATE OF BURIAL <u>4-25 1928</u>
20 UNDERTAKER <u>Miller & Spacey</u>	ADDRESS <u>Portland</u> <u>320 W Danner</u>

Seely