

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Burles Rural
 (If outside city or town limits write RURAL)
 (c) Name of hospital or institution:
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 35 yrs In state 36
 (Specify whether years, months or days)

3. (a) FULL NAME Henry Seelye
3. (b) If veteran, _____ **3. (c) Social Security** _____
 name war _____ No. _____

4. Sex M **5. Color or** W **6. (a) Single, widowed, married,** divorced M
 race _____ **6. (b) Name of husband or wife** _____ **6. (c) Age of husband or wife** _____
Agnes if alive _____ years

7. Birth date of deceased Dec 25 1876
 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 25 If less than one day _____
 hr. _____ min. _____

9. Birthplace _____
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas R. Seelye
13. Birthplace _____
 (City, town, or county) (State or foreign country)

14. Maiden name Helen Hill
15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Agnes Seelye
(b) Address Burles Rural

17. (a) Burial **(b) Date thereof** 11-22-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burles

18. (a) Signature of funeral director Harry C. Howe
(b) Address Lebanon Or.

19. (a) 11-23-40 **(b)** Renew Scott
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oregon (b) County Linn
 (c) City or town Burles Rural
 (If outside city or town limits write RURAL)
 (d) Street No. _____
 (If rural give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. Date of death: Month Nov day 20
 year 1940 hour 8:30 minute _____

21. I hereby certify that I attended the deceased from Oct 6
34 to 11/20/40; that I last saw him alive
 on 8-76, 1940; and that death occurred on the date
 and hour stated above.

Immediate cause of death 928
Myocardial Infarction

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration
Several
Mo.

PHYSICIAN

 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place,
 in public place, _____
 while at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Renew Scott (M. D. or other)
 Address Lebanon Date signed 11/23/40

Seeley