

Oregon State Board of Health

Certificate of Death

Dr. Spencer 84

1. PLACE OF DEATH

County *Jamez* State *Or.* State Registered No. _____ Local Registered No. *53*
Township _____ or Village _____ or
City *Englewood* No. *427 East 13th* 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

Mrs. Anna Day Seelye
(a) Residence: No. *229 W. Englewood* St., _____
(Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) *Dec 5 - 1870*

7. AGE Years *61* Months *2* Days *22* If less than 1 day, _____ hrs. or _____ m'n.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Preston, Tenn.*

13. NAME *Frank Day*

14. BIRTHPLACE (city or town) (State or country) *not known*

15. MAIDEN NAME *Jannah Hall*

16. BIRTHPLACE (city or town) (State or country) *not known*

17. INFORMANT *Edward Seelye*
(Address) *Englewood, Or.*

18. BURIAL, CREMATION OR UNKNOWN Place *Laurel Hill* Date *Mar 1, 1932*

19. UNDERTAKER *Marion Keaton*
(Address) *Englewood*

20. Filed *Feb 17, 1932* Registrar *Dr. Spencer*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Feb 26, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 15, 1932* to *Feb 25, 1932*, that I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at *7:30* a.m. The principal cause of death and related causes of importance in order of onset were as follows:

Heart Disease
Date of onset _____
(95)

Contributory causes of importance not-related to principal cause: _____

Name of operation *none* Date of _____

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

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? _____ If so, specify _____

(Signed) *Dr. Spencer* M. D.
(Address) *Quaker Bldg. Englewood*

Important. See instructions on back of certificate.

Seeley