

OREGON STATE BOARD OF HEALTH CERTIFICATE OF DEATH

1 PLACE OF DEATH State Registered No. 21
 County Malheur State Ore Local Registered No. 13
 Township _____ or Village _____ or
 City Near Ontario No. _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Sam A. Seeley
 (a) Residence. No. ONTARIO, OREGON St., _____
(Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M **4 COLOR OR RACE** W **5 Single, Married, Widowed or Divorced (write the word)** Married

5a If married, widowed, or divorced
 HUSBAND of Mrs. S.A. Seeley
 (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) April 28 1878

7 AGE Years 50 Months 11 Days 2 If less than 1 day, ___hrs. or ___min.

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

9 BIRTHPLACE (city or town) Iowa
 (State or country) _____

10 NAME OF FATHER Tom Seeley

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

12 MAIDEN NAME OF MOTHER Hill

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

14 Informant Mrs. S.A. Seeley
 (Address) Ontario, Ore

15 Filed 3-8-79 R.O. Payne
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-1929

17 I HEREBY CERTIFY, That I attended deceased from 10
15, 1928, to 3-5-, 1929, that I last
 saw him alive on 2-28-, 1929, and that death
 occurred on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Myocarditis

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

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

18 Where was disease contracted ONTARIO, OREGON
 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? Clinical

(Signed) R.O. Payne M. D.
3-7-1929 (Address) ONTARIO, OREGON

* 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 Ontario, Ore. **DATE OF BURIAL** 3/8 1929

20 UNDERTAKER H. L. Peterson Ontario, Ore.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Seeley