

OREGON STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

4

1 PLACE OF DEATH

County of Washington

Town of Scholls

or

City of \_\_\_\_\_ (No. Scholls pruner St.)

Registered No. 2

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]

2 FULL NAME

Seth H Seeley

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 Sex male 4 Color white 5 Single, Married, Widowed or Divorced widowed

6 Date of Birth (of deceased) Sept 28, 1857

7 Age 81 yrs. 3 mos. 6 ds. If less than 1 day, hrs. or min.?

8 Occupation (a) Trade, profession, or particular kind of work Farmer. (b) General nature of industry, business or establishment in which employed (or employer)

9 Birthplace of Deceased (State or country) Ind.

10 Name of Father Abner Seeley

11 Birthplace of Father (State or country) unknown

12 Maiden Name of Mother unknown

13 Birthplace of Mother (State or country) unknown

14 The above is true to the best of my knowledge (Informant) Seth Miller

(Address) Hillsboro R 2

15 Burial Permit issued by usawood Name and Address of Health Officer or Deputy.

Filed Jan 6, 1919.

CORONER'S CERTIFICATE OF DEATH

16 Date of Death Jan 4, 1919

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH\* was as follows: found dead in bed  
Natural Cause  
old age

Contributory (Secondary) \_\_\_\_\_

(Signed) Geo J Lumber M.D.

(Address) Hillsboro

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

19 Place of Burial or Removal Scholls Cem Date of Burial Jan 7, 1919

20 Undertaker Geo J Lumber Was the Body Embalmed? Yes

21 Hillsboro Ind Embalmer's License No. 280

REQUIREMENT FOR PERSONS TO BE AWAY FROM HOME SHOULD BE GIVEN IN EVERY INSTANCE.

Seeley