

Should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

**OREGON STATE BOARD OF HEALTH**  
**CERTIFICATE OF DEATH**

PLACE OF DEATH  
 County of Washington  
 Town of Buxton, Ore  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_, St.);

Registered No. 3

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]  
**FULL NAME** Seth Warner Seelye  
 [If death occurred in a hospital or institution, give its NAME; instead of street and number.]

**PERSONAL AND STATISTICAL PARTICULARS**

8 Sex male      4 Color or Race white      5 Single, Married, Widowed or Divorced married  
(Write the word)

6 Date of Birth (of deceased) January 6<sup>th</sup>, 1883  
(Month) (Day) (Year)

7 Age 33 yrs. one mos. 8 ds.      If less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 Birthplace of Deceased (State or country) Astoria, Ore

**PARENTS**

10 Name of Father Zachariah Newton Seelye

11 Birthplace of Father (State or country) Portland, Ore.

12 Maiden Name of Mother Probe Alice Beard

13 Birthplace of Mother (State or country) Marysville, Cal.

14 The above is true to the best of my knowledge  
Zachariah Newton Seelye  
 (Affirmant)  
 (Address) \_\_\_\_\_

15 Burial Permit issued by H. B. Crawford M.D.  
 Name and Address of Health Officer or Deputy.  
 Filed March 8, 1916

**CORONER'S CERTIFICATE OF DEATH**

16 Date of Death Feb. 14, 1916  
(Month) (Day) (Year)

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

The CAUSE OF DEATH\* was as follows:  
Shock from being struck by log-horse pins packing tunnel to pins  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. B. Crawford  
(Coroner or Coroner's physician)  
 \_\_\_\_\_ 1916, (Address) Hillsboro Ore.

\*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?  
 Former or usual residence Banks, Ore.

19 Place of Burial or Removal Union Post      Date of Burial Feb. 16, 1916

20 Undertaker John Henderson      Was the Body Embalmed? No

21 Address Banks      Embalmer's License No. 45

Seeley