

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH
 County Multnomah State Oregon State Registered No. 107
 Township _____ or Village Troutdale Local Registered No. 176
 City Troutdale No. _____, Multnomah Farm St. _____ Ward _____
 Length of residence in city or town where death occurred yrs. 5 mos. 2 da. 2 How long in U. S., if of foreign birth? yrs. mos. da.

2. FULL NAME Zachariah N Seelye
 (a) Residence: No. Multnomah Farm St. _____
 (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Seelye

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years: _____ Months: _____ Days: _____ If less than 1 day, ___ hrs. or ___ min. 71

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

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) Sophies Island Ore

13. NAME Abner Seelye

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Mary Craig

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT O. A. Johnson
 (Address) Troutdale Ore.

18. BURIAL, CREMATION OR REMOVAL
 Place Greenview Cem. Date 12/29/30

19. UNDERTAKER East Side Funeral Dir.
 (Address) Portland Ore.

20. Filed 12-29-30 J S Hudson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12 25 1930

22. I HEREBY CERTIFY, That I attended deceased from July 23 30, to Dec 25 1930, that I last saw him alive on Dec 25 1930; death is said to have occurred on the date stated above, at 4:15 P.m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Chronic heart disease
90
1934

Date of onset Dec 25 30

Contributory causes of importance not related to principal cause:
Chronic Valvular Disease

Name of operation None Date of _____
 What test confirmed diagnosis? Physic 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? No
 If so, specify _____

(Signed) Wm. J. ... M. D.
 (Address) Portland Ore

Important. See instructions on back of certificate.

Seeley