

Oregon State Board of Health

Certificate of Death

2112 90

1. PLACE OF DEATH

State Registered No. _____

County Multnomah State Oregon Local Registered No. 2183

Township _____ or Village _____ or

City Portland No. Multnomah Hospital St. _____ Ward _____

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth 60 yrs. mos. ds.

2. FULL NAME Alice Seelye

(a) Residence: No. _____ St., _____ (Usual place of abode) (If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed or divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of Zacariah M. Seelye

6. DATE OF BIRTH (month, day, and year) 6/28/1862

7. AGE Years 69 Months 1 Days 3 If less than 1 day, ___ hrs. or ___ min.

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

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) Canada (State or country)

13. NAME Clatt S. Beard

14. BIRTHPLACE (city or town) New York (State or country)

15. MAIDEN NAME Julia Ann Reed

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

17. INFORMANT Multnomah Hosp. (Address) Portland, Ore.

18. BURIAL OR CREMATION OR REMOVAL Place Green View Cem. Date 8/4/31

19. UNDERTAKER Green View General Bur. (Address) 410 Alder St.

20. Filed Aug 4, 1931 George Sanderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to August 1, 1931, that I last saw her alive on August 1, 1931; death is said to have occurred on the date stated above, at 3 p.m. The principal cause of death and related causes of importance in order or onset were as follows:

Fatty degeneration of Myocardium Date of onset 1926

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. J. Edmundson, M. D.

(Address) _____

IMPORTANT. See INSTRUCTIONS on back of certificate.

Seeley