

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

OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

J. Spencer 99
 State Registered No. _____

1 PLACE OF DEATH Lane County Or State Or Local Registered No. 21

Township _____ or Village _____ or
 City Eugene No. 2191 Kinsard St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Blair A. Seeley
 (a) Residence No. Eugene St. _____
(Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single, Married, Widowed or Divorced (write the word) married

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

6 DATE OF BIRTH (month, day, and year) July 17 - 1870

7 AGE Years 53 Months 6 Days 16 If less than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Salesman (duration) 3 yrs., ____ mos., ____ days.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10 NAME OF FATHER Blair Seeley

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

12 MAIDEN NAME OF MOTHER Harriet Hill

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

14 Informant Mrs. Virginia Seeley
 (Address) Eugene Or

15 Filed 2-8 1924 Spencer Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1924

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 1924, to Jan 23 1924, that I last saw him alive on Jan 23 1924, and that death occurred on the date stated above, at 9 - 7 AM m.

The CAUSE OF DEATH was as follows:
Ulcer of Stomach (10)

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

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical
 (Signed) J. Spencer M. D.
Jan 25, 1924 (Address) Eugene

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 Laurel Hill Cem. DATE OF BURIAL Jan 27 1924

20 UNDERTAKER Marion Wreath ADDRESS Eugene Or

Seeley