OREGON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH 134

State Index No.

Local Registered No. 16

1 PLACE OF DEATH

County of Washington

Township or Village Scholls Ferry

or City (No. , St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Hannah Seelye

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced (Write the word): Married

6 Date of Birth: Aug (Month) 12 (Day), 1837 (Year)

7 Age: 80 yrs. mos. 12 ds. If less than 1 day, hrs. or min.?

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

9 Birthplace (State or country): Penn.

PARENTS

10 Name of Father: Isac Turpin

11 Birthplace of Father (State or country): D.K.

12 Maiden Name of Mother: D.K.

13 Birthplace of Mother (State or country): D.K.

14 The above is true to the best of my knowledge

(Informant) Seth Miller

(Address) Hillsboro Oregon

15 Filed Aug 28, 1917 W D Wood Registrar

MEDICAL CERTIFICATE OF DEATH

16 Date of Death: Aug (Month) 24 (Day), 1917 (Year)

17 I HEREBY CERTIFY, that I attended the deceased from Aug, 1916, to Aug 24, 1917, that I last saw her alive on Aug 22, 1917, and that death occurred, on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(Duration) 2 yrs. 1 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. O. Robb, M. D.

Aug 24, 1917 (Address) Hillsboro Or

*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

19 Place of Burial or Removal: W. Side Cemetery

Date of Burial: 191

20 Undertaker: W. D. Dourlam

Address

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Seeley

Created for: The Seeley Genealogical Society

At: www.seeley-society.net