

Death certificates, 1905-

Your search result for PHILOMELA LOVELL is below.

1901578 Philomela, Lovell

County Taibah State Board of Health File No. 160

Precinct _____ or Village _____ or City Taibah (No. PO Hospital St.; 4 Ward) 140

2 FULL NAME Philomela Lovell (If death occurred in a hospital or institution give its NAME instead of street and number.)

(a) Residence. No. Oak City St., _____ Ward. Oak City, Utah (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced <u>Married</u>		16 DATE OF DEATH <u>July 15</u> 19 <u>19</u> (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Lorenzo Lovell</u>				17 I HEREBY CERTIFY that I attended deceased from <u>June 9</u> , 19 <u>18</u> , to <u>June 15</u> , 19 <u>18</u> , that I last saw her alive on <u>June 15</u> , 19 <u>18</u> , and that death occurred, on the date stated above, at <u>6:10 a</u> m. The CAUSE OF DEATH* was as follows: <u>Influenza Pneumonia</u> (duration) _____ yrs. <u>15</u> mos. <u>6</u> ds.	
6 DATE OF BIRTH <u>Aug 30</u> , 1 <u>882</u> (Month) (Day) (Year)	7 AGE <u>36</u> Years <u>4</u> Months <u>15</u> Days If LESS than 1 day, _____ hrs. or _____ min.	8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			
9 BIRTHPLACE (city or town) (State or country) <u>Utah</u>				CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.	
10 NAME OF FATHER <u>Edward L Lyman</u>				18 Where was disease contracted <u>Oak City, Ut</u> If not at place of death? _____	
11 BIRTHPLACE OF FATHER (State or country) <u>Utah</u>				Did an operation precede death? <u>Yes</u> Date of <u>June 14</u>	
12 MAIDEN NAME OF MOTHER <u>Mary E. Collette</u>				Was there an autopsy? <u>No</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Utah</u>				Was test confirmed diagnosis? _____ (Signed) <u>W. Collette</u> , M. D. <u>June 15</u> , 19 <u>19</u> (Address) <u>418 Kearns Bldg</u>	
14 Informant <u>Lorenzo Lovell</u> (Address) <u>Oak City, Utah</u>				* 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.)	
15 Filled <u>1-15</u> , 19 <u>19</u> _____ REGISTRAR				19 PLACE OF BURIAL, CREMATION, OR RE-MOVAL <u>Oak City</u>	
20 REGISTERED NUMBER <u>P-110</u> NO. OF BURIAL PERMIT <u>P-110</u>				20 UNDERTAKER <u>Frank Taylor</u> ADDRESS <u>Oak City</u>	

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE.

This page was last updated September 2, 2010.