

# STATE OF UTAH

## DEPARTMENT OF HEALTH

**1 PLACE OF DEATH**

County Box Elder  
 Precinct Plymouth  
 or Village Plymouth  
 or City No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_

State Board of Health File No. 132

### STATE OF UTAH—DEATH CERTIFICATE

**2 FULL NAME** Golden Lorenzo Mansfield

(a) Residence, No. Plymouth St. \_\_\_\_\_  
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

[If death occurred in a hospital or institution give its NAME instead of street and number.]

Length of residence in city or town where death occurred 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3 SEX</b> <u>male</u>	<b>4 COLOR OR RACE</b> <u>white</u>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (Write the word) <u>single</u>
<b>6a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF</b> <u>#1</u>		
<b>7 DATE OF BIRTH</b> <u>Dec 3rd</u> , 19 <u>20</u> (Month) (Day) (Year)		
<b>8 AGE</b> <u>12</u> yrs. <u>11</u> mos. <u>23</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
<b>9 OCCUPATION OF DECEASED</b> (a) Trade, profession or particular kind of work <u>At school</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of Employer		
<b>10 BIRTHPLACE</b> (City or town) <u>Ogden, Utah</u> (State or Country)		

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH**  
Nov. 26, 1933  
 (Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended deceased from Nov. 26, 1933 to Nov 26, 1933, that I last saw him alive on Nov. 26, 1933, and that death occurred, on the date stated above, at 3:25 m. The CAUSE DEATH\* was as follows:  
Cerebral embolism  
 (Duration 9 1/2 hrs. 30 mos. \_\_\_\_\_ ds.)

**Contributory (Secondary)** Probably, vegetative endocarditis  
 (Duration 1 mos. \_\_\_\_\_ ds.)

PARENTS

<b>11 BIRTHPLACE OF FATHER</b> (State or Country) <u>Portage Utah</u>	<b>10 NAME OF FATHER</b> <u>John B. Mansfield</u>
<b>12 MAIDEN NAME OF MOTHER</b> <u>Manilla Trappett</u>	<b>11 BIRTHPLACE OF MOTHER</b> (State or Country) <u>Grace, Idaho</u>

**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?** Chemical

(Signed) J. S. Belanson, M. D.  
Nov 27, 1933 (Address) Garland, Wt.

**14 Informant** J. B. Mansfield  
 Address Plymouth, Utah

\*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 Filed** 10-31-33 E. H. Knicker  
 Registrar

**Registered Number** 7 **No. of Burial or Removal Permit** 7

**19 PLACE OF BURIAL, CREMATION, OR REMOVAL** Plymouth, Utah **DATE OF BURIAL** Nov 29th, 1933

**20 UNDERTAKER** Shaw & Iverson, **ADDRESS** Tremonton, Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

W. E. Shaw