

DEPARTMENT OF HEALTH

EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1 PLACE OF DEATH
 County Cache State Board of Health File No. _____
 Precinct _____
 Village or _____
 City or Logan No. 1939
#80-98 Deed.

STATE OF UTAH—DEATH CERTIFICATE

2 FULL NAME Robert James Shipley (If death occurred in hospital or institution give its NAME instead of street and number.)
 (a) Residence No. Prattville - Idaho St. _____
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

5a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF _____

6 DATE OF BIRTH April 20, 1919
 (Month) (Day) (Year)

7 AGE 20 yrs. 0 mos. 10 da. IF LESS than 1 day, ___ hrs. ___ min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) P.O. Penny
 (c) Name of Employer _____

9 BIRTHPLACE (City or town) (State or Country) Ariona Idaho

10 NAME OF FATHER Wm. Cecil Shipley

11 BIRTHPLACE OF FATHER (State or Country) Paradise - Utah

12 MAIDEN NAME OF MOTHER Ellen James

13 BIRTHPLACE OF MOTHER (State or Country) Paradise Utah

14 Informant Sign. Shipley
 Address Logan Utah

15 Filed June 2, 1939 E. L. Hansen Registrar

21 Registered Number 80 22 No. of Burial or Removal Permit _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 30, 1939
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.
 The CAUSE DEATH* was as follows:
Fracture of the skull - (automobile accident)
 (Duration) Instant yrs. mos. da.

18 Where was disease contracted if not at place of death? along this highway
 Did an operation precede death? no Date of _____
 Was there an autopsy? no

What test confirmed diagnosis?
 (Signed) O. J. Davis M. D.
June 2, 1939 (Address) Logan 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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Paradise Utah DATE OF BURIAL June 2, 1939

20 UNDERTAKER M. W. Hendricks ADDRESS Crumm Idaho

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as Amended.

Date issued: JUN 24 1981

COUNTY BEAR RIVER DISTRICT HEALTH DEPT
 REGISTRAR JOHN C. BAILEY M. D.

John E. Brockert
 John E. Brockert
 DIRECTOR OF VITAL STATISTICS
 BY Andy Smith



SDH-BHS 95 (12-79)