

STATE OF UTAH-DEATH CERTIFICATE

Precinct or Village or City Clearfield No. Harriet Louise Palmer

St. Ward

How long in U. S., if of foreign birth? 68 yrs. mos.

2 FULL NAME

(a) Residence, No. (USUAL PLACE OF ABODE)

Length of residence in city or town where death occurred 4 mos.

PERSONAL AND STATISTICAL PARTICULARS

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

6a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Thomas Palmer

7 DATE OF BIRTH Dec. 10th (Year) 1849 (Month) (Day)

7 AGE 80 yrs 11 mos 4 ds If LESS than 1 day, hrs. or min.?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work At Home (b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of Employer

9 BIRTHPLACE (City or town) England (State or Country)

10 NAME OF FATHER Charles Mills.

11 BIRTHPLACE OF FATHER (State or Country) England.

12 MAIDEN NAME OF MOTHER Frances Ferr.

13 BIRTHPLACE OF MOTHER (State or Country) England.

14 Informant G. Clark Address Clearfield, U.I.

15 Filed Nov 17 1930 Joseph H. Clark Registrar

Registered Number No. of Burial or Removal Permit

16 DATE OF DEATH November 14th (Month) (Day) (Year) 1930

17 I HEREBY CERTIFY, That I attended deceased on Nov 10, 1930, to Nov 14, 1930, that I last saw her alive on Nov 13, 1930, and that death occurred, on the date stated above, at 8:00 P.M.

The CAUSE OF DEATH was as follows: Old age (right)

Contributory (Secondary) old age (Duration yrs. mos. 3)

18 Where was disease contracted if not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? (Signed) J. Peterson, M.D. 127-65, 1937 (Address) Ogden, U.I.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Peterson, Utah. ADDRESS Nov 17 1930

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

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.

U- WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD.