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State Board of Health File No.....

21

STATE OF UTAH-DEATH CERTIFICATE.

430

THIS CERTIFICATE MUST BE FORWARDED BY LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 6TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Spec mation" for persons dying away from home should be given in every instance.

PLACE OF DEATH Wasatch
 County of _____
 Precinct of _____
 City, Town or Village of Heber
0603268
 Street and No. _____
 If in Hospital or Institution, give its name and how long deceased was an inmate _____

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR white
 DATE OF BIRTH June 21 1906
 (Month) (Day) (Year)
 AGE _____ years, _____ months, 13/4 days
 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 BIRTHPLACE (State or country) Utah
 NAME OF FATHER Robert Clyde
 BIRTHPLACE OF FATHER (State or country) Utah
 MAIDEN NAME OF MOTHER Louisa Troy
 BIRTHPLACE OF MOTHER (State or country) Utah
 OCCUPATION _____

Return remunerative employment for all persons 10 years of age and over.
 THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robert Clyde
 (Address) Heber
 Place of Burial Heber cemetery
 Date of Burial June 23 1906
 Undertaker John Bond
 Address Heber, Utah

Full Name of Deceased (Initials only will not be accepted)
Maybell Clyde
Maybell Clyde
 Special Information for Hospitals, Institutions, Transients or Recent Residents: _____
 Former or Usual Residence _____
 How long resident at place of death _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1906
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 21 1906 to June 22 1906 that I last saw her alive on June 22 1906 and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Chief Cause Premature birth (7 mo)

Where Contracted _____ Duration _____ Days

Contributory (if any) _____

Where Contracted _____ Duration _____ Days

(Signed) W. W. Whitt M. D.

Date 6/23 1906 (Address) Heber

Filed June 28 1906 Robert Duke Registrar

REGISTERED NUMBER 11 NO. OF BURIAL PERMIT 17

(OVER)

