

August Edward Rose - Death Certificate

1 PLACE OF DEATH Lehi STATE OF UTAH State Board of Health File No. 200
 County Lehi
 Precinct Ogden No. 607 St. 4 Ward 4
 Town or City Ogden No. 607 St. 4 Ward 4
 2 FULL NAME August Edward Rose
 3 Residence: No. 607 St. 4
 LENGTH OF RESIDENCE: (a) In city or town where death occurred 24 yrs. mos. ds. (b) In Utah 15 yrs. mos. ds. (c) In U. S., if of foreign birth 15 yrs. mos. ds.
 PERSONAL AND STATISTICAL PARTICULARS
 4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
 7a If Married, Widowed, or Divorced HUSBAND OF Mary Ann Rose Mough (or) WIFE OF August Edward Rose
 7 DATE OF BIRTH (month, day, and year) September 7, 1857
 8 AGE Years 76 Months 3 Days 1 If LESS than 1 day, hrs. 1 or min. 7
 9 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work done, as engineer (type of) Farming (b) Industry or business in which work was done, as railway, mine (kind of), bank, etc. Self (c) Date deceased last worked at this occupation (month and year) December (d) Total time (years) spent in this occupation 5
 10 BIRTHPLACE (City or town) Sweden (State or Country) Sweden
 11 NAME OF FATHER Prof. Rose
 12 BIRTHPLACE OF FATHER Sweden (State or Country) Sweden
 13 MAIDEN NAME OF MOTHER Mary Bryant
 14 BIRTHPLACE OF MOTHER Sweden (State or Country) Sweden
 15 INFORMANT (Signature) Earl A. Rose Address Morgan, Utah
 16 BURIAL, CREMATION, OR REMOVAL Place Mt. Ogden, Utah Date Dec 10, 1933
 17 UNDERTAKER Earl A. Rose Address Utah
 18 FILED DEC 8 1933 796 REGISTRAR (Signed) Joe R. Moore M.D. Address Ogden, Utah
 REGISTERED NUMBER 796

MEDICAL CERTIFICATE OF DEATH
 19 DATE OF DEATH (month, day, and year) December 8, 1933
 20 I HEREBY CERTIFY that I attended deceased from Dec 3rd, 1933 to Dec 8, 1933
 I last saw him alive on Dec 7, 1933
 death occurred on the date stated above, at 54 in.
 The principal cause of death and related causes of importance were as follows: Labor Pneumonia
 Duration 5 yrs. mos. ds.
 Other contributory causes of importance:
 If operation, date of None
 Condition for which performed None
 Was there an autopsy? No
 If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? None Date of injury None
 Where did injury occur?
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) Joe R. Moore M.D. Address Ogden, Utah