

PLACE OF DEATH

County Davis

State Board of Health File No. 12

Township Centerville

STATE OF UTAH DEATH CERTIFICATE

Village Centerville

City (No. _____ St.; _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Amanda Melvina France Rollins

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

6 DATE OF BIRTH June 20, 1840
(Month) (Day) (Year)

7 AGE 75 yrs. 7 mos. 25 ds.
IF LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION (a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) New York

10 NAME OF FATHER Joseph France

11 BIRTHPLACE OF FATHER (State or country) Pa.

12 MAIDEN NAME OF MOTHER Elizabeth Card

13 BIRTHPLACE OF MOTHER (State or country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J. Frank Howard
(Address) Farmington, Uta.

15 Filed Jan 9, 1916 Registrar L. P. DeGable

REGISTERED NUMBER _____ NO. OF BURIAL PERMIT 2

21 _____ 22 _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 25, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May, 1905, to January, 1916, irregularly that I last saw h.c. alive on Jan 15 to 20th, 1916, and that death occurred, on the date stated above, at 4:16 a.m.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency -
I saw the body 4 or 5 hrs. after death
(Duration) many years yrs. _____ mos. _____ ds.

Contributory unknown
(Secondary) (Duration) yrs. _____ mos. _____ ds.

(Signed) B. L. Kesler M. D.
Mar 4th, 1916 (Address) Bountiful

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 30 yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted?
If not at place of death?
Former or usual residence Centerville, Uta.

19 PLACE OF BURIAL OR REMOVAL Centerville, Geny DATE OF BURIAL Feb 25, 1916

20 UNDERTAKER Holbrook-Swedley Co ADDRESS Bountiful

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE