

Return to me without a receipt

State Board of Health File No. _____

STATE OF UTAH DEATH CERTIFICATE

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

1 PLACE OF DEATH
 County Morgan
 Township _____
 or Village Milton
 or City _____ (No. _____ St.; _____ Ward)

2 FULL NAME Andrew Nelson

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>		16 DATE OF DEATH <u>June 3rd</u> , 191 <u>1</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Sept 4th</u> , 18 <u>88</u> (Month) (Day) (Year)				17 I HEREBY CERTIFY, That I attended deceased from _____, 191 <u>1</u> , to _____, 191 <u>1</u> that I last saw him alive on _____, 191 <u>1</u> and that death occurred, on the date stated above, at _____ m.	
7 AGE <u>92</u> yrs. <u>7</u> mos. <u>1</u> ds. IF LESS than 1 day, _____ hrs. or _____ min.				The CAUSE OF DEATH* was as follows: <u>General Debility</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farmer</u>					
9 BIRTHPLACE (State or country) <u>Jeffersonville, Kentucky</u>					
PARENTS	10 NAME OF FATHER <u>John Nelson</u>			Contributory (duration) _____ yrs. _____ mos. _____ ds.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>			(Signed) <u>Wm. J. Nelson</u> M. D.	
	12 MAIDEN NAME OF MOTHER <u>Anna Nelson</u>			191 <u>1</u> (Address)	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Wm. J. Nelson</u>					
(Address) <u>Milton, Morgan Co., Utah</u>					
15 Filed <u>July 2nd</u> , 191 <u>1</u>				19 PLACE OF BURIAL OR REMOVAL	
REGISTERED NUMBER <u>21</u>				DATE OF BURIAL <u>July 5th</u> , 191 <u>1</u>	
22 <u>2</u>				20 UNDERTAKER <u>Wm. J. Nelson</u>	
				ADDRESS _____	

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE