

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

CITY OF OGDEN  
CERTIFICATE OF DEATH  
UTAH

BURIAL PERMIT NO. 386-P

BIRTH NO. 143

REGISTRAR'S NO. 4973 D

1. PLACE OF DEATH a. COUNTY OF WEBER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Utah b. COUNTY Morgan	
b. CITY OF OGDEN		c. CITY (If outside corporate limits, write RURAL.) TOWN Milton	
d. FULL NAME OF (If not in hospital or institution, give st. address of hospital or institution) Dee Hospital		d. STREET ADDRESS (If rural give location)	

3. NAME OF DECEASED (Type or print) a. (First) LEE b. (Middle) PETERSON c. (Last) PETERSON			4. DATE OF DEATH (Month) (Day) (Year) JUNE 27, 1954		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mo. 9 Day 2 Year 1880	9. AGE (In yrs. If Under 1 Yr. If under 24 hrs. last birthday) Months 73 Days Hours Mts.
-------------	------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City & State or foreign country) Preston, Idaho	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	----------------------------------

13. FATHER'S NAME Nels J. Peterson Birthplace Denmark	14. MOTHER'S MAIDEN NAME Matilda Nielson Birthplace Denmark	HUSBAND'S OR WIFE'S NAME Maud Little Peterson
--	--	---

15. WAS DECEASED ever in U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of serv.) No	16. SOCIAL SECURITY No. None	17. INFORMANT Maud Peterson; Milton, Utah
---	------------------------------	---

13. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart dis. with failure. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		3 Yrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, st., off. bldg., etc.)
21d. TIME (Mo.) (Day) (year) (Hour) OF INJURY	21e. INJURY OCCURRED White at <input type="checkbox"/> Not While <input type="checkbox"/> Work At Work <input type="checkbox"/>
21f. HOW DID INJURY OCCUR?	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 19 51 to June 19 54 THAT I LAST SAW THE DECEASED ALIVE ON 6/27 19 54 AND THAT DEATH OCCURRED AT 10 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23a. SIGNATURE W. J. Wilson (Degree or title) MD	23b. ADDRESS Ogden, Utah	23c. DATE SIGNED 6/28/54
--	--------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL Burial (Specify)	24b. DATE 6/30/54	24c. NAME OF CEMETERY OR CREMATORY Washington Heights Mem. Prk.	24d. LOCATION (City, town, or county) (State) So. Ogden, Utah
--	-------------------	---	---

DATE REC'D BY LOCAL REG. 7/2/54	REGISTRAR'S SIGNATURE R. N. Hirst	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Lindquist & Sons: John A. Lindquist, Ogden Funeral Director's No. 153 Embalmer's No. 338
---------------------------------	-----------------------------------	--

STATE OF UTAH, County of Weber } SS.

This is to Certify that the above Death Certificate is a true and correct copy of the record on file in this City.

Subscribed and sworn to this Jan. 8, 1957 Jan. 1957  
 My Commission Expires Feb. 25, 1959 Merrill Jenkins  
 Asst. Registrar of Vital Statistics  
 Notary Public