

6-33-19-1900

State Board of Health File No. 12

STATE OF UTAH—DEATH CERTIFICATE.

362

THIS CERTIFICATE MUST BE FORWARDED BY LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.

PLACE OF DEATH *Morgan*
 County of *Pottersville*
 Precinct of *Richville*
 City, Town or Village of *Richville*
 Street and No. *1001033*
 If in Hospital or Institution, give its name and how long deceased was an inmate.

Full Name of Deceased (If this entry is not in English)

Baltzar Peterson

SPECIAL INFORMATION FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR NIGHT REGISTRARS

Former or Usual Residence

Denmark

How long resident at place of death

47 years

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*
 DATE OF BIRTH *Dec 3 1834*
 (Month) (Day) (Year)

AGE *75* years, *11* months, *18* daysSINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*BIRTHPLACE (State or country) *Congressville Denmark*NAME OF FATHER *Soren Peterson*BIRTHPLACE OF FATHER (State or country) *Denmark*MAIDEN NAME OF MOTHER *Annie Margreth Battagson*BIRTHPLACE OF MOTHER (State or country) *Denmark*OCCUPATION *Retired Farmer*

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) *Mrs B. Peterson*(Address) *Morgan*Place of Burial *Richville*Date of Burial *November 23 - 1910*Undertaker *B. H. Welch*Address *Morgan*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Nov 21 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Nov 10 1910* to *Nov 21 1910*that I last saw him alive on *Nov 21 1910*and that death occurred, on the date stated above, at *4 PM*

M. The CAUSE OF DEATH was as follows:

Chief Cause *Paralysis of bowels Bladder infection*Where Contracted *at home* Duration *5 years*Contributory (if any) *Paralytic Stroke*Where Contracted *at home* Duration *5 years*(Signed) *C. B. Bingham* M. D.Date *Nov 21 1910* (Address) *Morgan*Filed *see 6 1910* *George Brough*REGISTERED NUMBER *2* NO. OF BURIAL PERMIT *14*

(OVER)

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