

1 PLACE OF DEATH County <u>Neber</u>		STATE OF UTAH		State Board of Health File No. <u>26</u>	
Precinct _____ or Town or City <u>Ogden</u>		CERTIFICATE OF DEATH		460	
2 FULL NAME <u>Emily Elizabeth Fowler</u>		No. <u>457 - 26</u>		St. <u>2</u> Ward	
3 Residence: No. <u>457 - 26</u>		St. _____		Ward _____	
LENGTH OF RESIDENCE: (a) In city or town where death occurred <u>10</u> yrs. - <u>00</u> mos. - <u>00</u> ds. (b) In Utah <u>50</u> yrs. - <u>00</u> mos. - <u>00</u> ds. (c) In U. S., if of foreign birth yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
4 SEX <u>Female</u>	5 COLOR OR RACE <u>Caucasian</u>	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	19 DATE OF DEATH (month, day, and year) <u>June 12, 1934</u>	I HEREBY CERTIFY That I attended deceased from <u>10-3, 1932</u> to <u>6-12, 1934</u>	
7a If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF <u>Ephraim Fowler</u>			I last saw her alive on <u>6-11, 1934</u>		Duration Yrs. Mos. Da.
7 DATE OF BIRTH (month, day, and year) <u>November 30, 1873</u>			death occurred on the date stated above, at <u>12:35</u> p.m.		
8 AGE Years <u>60</u>	Months <u>6</u>	Days <u>12</u>	The principal cause of death and related causes of importance were as follows:		Other contributory causes of importance:
9 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work done, as engineer (type of), miner, bookkeeper, etc. <u>Officer</u> (b) Industry or business in which work was done, as railway, mine (kind of), bank, etc. <u>Officer</u> (c) Date deceased last worked at this occupation (month and year) _____ (d) Total time (years) spent in this occupation _____			<u>Cancer of uterus - metastatic</u>		
10 BIRTHPLACE (City or town) (State or Country) <u>Neber</u>			If operation, date of <u>1932</u>		
11 NAME OF FATHER <u>Carl Oscar Rundquist</u>			Condition for which performed <u>Extensive cancer of cervix</u>		
12 BIRTHPLACE OF FATHER (State or Country) <u>Sweden</u>			Was there an autopsy? <u>No</u>		
13 MAIDEN NAME OF MOTHER <u>Ellen Sophia</u>			If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____		
14 BIRTHPLACE OF MOTHER (State or Country) <u>unknown</u>			Where did injury occur? _____ <small>Specify city or town, county and State:</small>		
15 INFORMANT (Signature) <u>Ephraim Fowler</u>			Specify whether injury occurred in industry, in home, or in public place.		
16 BURIAL, CREMATION, OR REMOVAL Place <u>Neber</u> Date <u>June 15, 1934</u>			Manner of injury _____		
17 UNDERTAKER <u>W. H. Rundquist</u>			Nature of injury _____		
18 FILED <u>6/14, 1934</u>			Was disease or injury in any way related to occupation of deceased? <u>No</u>		
REGISTERED NUMBER <u>847</u>			Address <u>Ogden Utah</u>		