

1. PLACE OF DEATH  
County Davis  
Precinct \_\_\_\_\_  
or  
Town or City Centerville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Elizabeth Milles Whitaker

3. Residence: No. Centerville St. \_\_\_\_\_  
(Usual place of abode)  
(a) Length of residence in city or town where death occurred. Years 79 Months 9 Days \_\_\_\_\_  
(b) How long in U. S., if of foreign birth? Years 96 Months \_\_\_\_\_ Days \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Widowed

6a If Married, Widowed, or Divorced, name of HUSBAND OF (or) WIFE OF Thomas Whitaker

7 DATE OF BIRTH (month, day, and year) March 7th 1839

8 AGE Years 98 Months 3 Days 0 If LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min.

9 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work done, as engineer (type of), miner, bookkeeper, etc.  
(b) Industry or business in which work was done, as railway, mine (kind of), bank, etc. Housewife  
(c) Date deceased last worked at this occupation (month and year) 1936 (d) Total time (years) spent in this occupation \_\_\_\_\_

10 BIRTHPLACE (City or Town) Douglas  
(State or Country) Isle of Man

11 NAME OF FATHER John Milles

12 BIRTHPLACE OF FATHER (State or Country) Isle of Man

13 MAIDEN NAME OF MOTHER Elizabeth Halls

14 BIRTHPLACE OF MOTHER (State or Country) Isle of Man

15 INFORMANT (Signature) Mary Alice Parrish  
Address Centerville Utah

16 BURIAL, CREMATION, OR REMOVAL  
Place Centerville Date June 13th, 1937

17 UNDERTAKER Union Mortuary  
Address Bountiful

18 FILED June 13, 1937 L. A. Dalrymple Registrar  
REGISTERED NUMBER 6

19 DATE OF DEATH (month, day, and year) June 7th 1937

20 I HEREBY CERTIFY, That I attended deceased from May 26th 1937 to May 26th 1937  
I last saw her alive on May 26th 1937  
death occurred on the date stated above, at 8:30 P. M. Duration \_\_\_\_\_  
The principal cause of death and related causes of importance were as follows:  
Myocarditis surroundings  
93c  
Other contributory causes of importance:  
Laryngeal Inflammation  
If operation, date of none  
Condition for which performed \_\_\_\_\_  
Was there an autopsy? no  
If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place:  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) B. L. Kesler M.D.  
June 9, 1937 Bountiful

Merrill N. Holbrook

is very important. See instructions on back of certificate.