

State Board of Health File No. 203
200

STATE OF UTAH—DEATH CERTIFICATE

1 PLACE OF DEATH
County Nebo
Precinct _____
Village or _____
City Open No. 607 Chesley St. 4 Ward _____

2 FULL NAME Mary Ann Rose
(a) Residence No. 607 Chesley St. _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>		16 DATE OF DEATH <u>June 20</u> 19 <u>37</u> (Month) (Day) (Year)	
6 If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF <u>James E. Rose</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>June 1</u> 19 <u>37</u> , to <u>June 20</u> 19 <u>37</u> , that I last saw h. <u>EN</u> alive on <u>June 19</u> 19 <u>37</u> , and that death occurred, on the date stated above, at <u>4 p.</u> m. The CAUSE DEATH* was as follows: <u>Acute pyelitis prostatic</u>		
7 AGE <u>69</u> yrs. <u>3</u> mos. <u>3</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?		18 Where was disease contracted? _____ If not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Ex. including P. & E. exam</u>			
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of Employer <u>At Home</u> <u>Illinois</u>			Contributory (Secondary) <u>Influenza</u> (Duration) yrs. _____ mos. <u>60</u> ds.		
9 BIRTHPLACE (City or town) (State or Country) <u>Illinois</u>			19 PLACE OF BURIAL, CREMATION, OR DATE OF BURIAL <u>Open Cemetery June 24 31</u>		
PARENTS	10 NAME OF FATHER <u>Thomas Brough</u>		20 (Signed) <u>J. H. ...</u> M. D. <u>June 22, 1937</u> (Address) <u>Open Utah</u>		
	11 BIRTHPLACE OF FATHER (State or Country) <u>Illinois</u>		*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)		
	12 MAIDEN NAME OF MOTHER <u>Jane (unknown)</u>		21 Registered Number <u>324</u> No. of Burial or Removal Permit <u>324</u>		
13 BIRTHPLACE OF MOTHER (State or Country) <u>Illinois</u>		22 _____			
14 Informant <u>A. C. Rose</u> Address <u>607 Chesley St.</u>			23 _____		
15 Filed <u>JUN 24 1937</u> <u>H. N. ...</u> Registrar			24 _____		

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE