

PLACE OF DEATH

County MorganTownship Laurel CreekVillage Richsville

City _____

(No. _____)

St.; _____

Ward) _____

State Board of Health File No.

18A

200

STATE OF UTAH—DEATH CERTIFICATE

[If death occurred in a hospital or institution give its N.A.M.E. instead of street and number.]

2 FULL NAME Mary Elena Rose

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Widow
MARRIED
WIDOWED
OR DIVORCED
(Write the word)6 DATE OF BIRTH Dec 30, 1933
(Month) (Day) (Year)7 AGE 82 yrs. 11 mos. 16 ds. If LESS than
1 day, ____ hrs.
or ____ min.?8 OCCUPATION
(a) Trade, profession or
particular kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country) SwedenPARENTS
10 NAME OF FATHER Olaus Brink
11 BIRTHPLACE OF FATHER
(State or country) Sweden
12 MAIDEN NAME OF MOTHER Anna Lisa Erikson
13 BIRTHPLACE OF MOTHER
(State or country) Sweden

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John H. Rose(Address) Morgan Ut.15 Filed Dec 8 1916 George Brink
REGISTRAR21 REGISTERED NUMBER 6 22 NO. OF BURIAL PERMIT 32

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 6, 196
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from
_____, 191____, to _____, 191____,that I last saw her alive on _____, 191____,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Fracture & dislocation of hip
joint.
Fall thru slipping on ice
(Duration) ____ yrs. ____ mos. ____ ds.Contributory Age
(Secondary) (Duration) ____ yrs. ____ mos. ____ ds.(Signed) C. R. Pryor M. D.
_____, 191____ (Address) Morgan Ut.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Richsville DATE OF BURIAL Dec 8, 191720 UNDERTAKER R. H. Welch ADDRESS Morgan

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE