

1 PLACE OF DEATH			State Board of Health File No. <u>2</u>	
County <u>Morgan</u>	Precinct <u>Peterson Creek</u>		STATE OF UTAH-DEATH CERTIFICATE <u>302</u>	
or Town or Village <u>Patchville</u>	City <u>Patchville</u> (No. <u> </u> St. <u> </u> Ward <u> </u>)		(If death occurred in a hospital or institution give its NAME instead of street and number.)	
2 FULL NAME <u>Mittie Margarette Peterson</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE <u> </u> MARRIED <u> </u> WIDOWED <u>widowed</u> OR DIVORCED <u> </u> (Write the word)	16 DATE OF DEATH <u>Jan 18</u> , 191 <u>9</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>January 11</u> , 183 <u>4</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Patchville</u> to <u> </u> to <u> </u> that I last saw him alive on <u> </u> and that death occurred, on the date stated above, at <u> </u> m.	
7 AGE <u>85</u> yrs. <u>7</u> mos. <u>7</u> ds. IF LESS than 1 day, hrs. or min.?			The CAUSE OF DEATH* was as follows: <u>Arterio sclerosis</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.	
9 BIRTHPLACE (State or country) <u>Denmark</u>			Contributory (Occupation) <u> </u> yrs. <u> </u> mos. <u> </u> ds.	
PARENTS	10 NAME OF FATHER <u>Eiskel Jewelsan</u>		(Signed) <u>C. C. Peterson</u> M. D.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Denmark</u>		1-20/19, 191 <u>9</u> (Address) <u>Morgan</u>	
	12 MAIDEN NAME OF MOTHER <u>Karen Nielson</u>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Denmark</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u> </u> yrs. <u> </u> mos. <u> </u> ds. In the State <u> </u> yrs. <u> </u> mos. <u> </u> ds. Where was disease contracted, if not at place of death? Former or usual residence <u> </u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Eliza Peterson Porter</u> (Address) <u>Morgan 1st</u>			19 PLACE OF BURIAL OR REMOVAL <u>Patchville</u> DATE OF BURIAL <u>21</u> , 191 <u>9</u>	
15 Filed <u>Feb 6</u> , 191 <u>9</u> <u>George Brough</u> REGISTRAR			20 UNDERTAKER <u>R. H. Welch</u> ADDRESS <u>Morgan 1st</u>	
21 REGISTERED NUMBER <u>7</u>			22 NO. OF BURIAL PERMIT <u>43</u>	
READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE				