

1 PLACE OF DEATH		State Board of Health File No. <u>575</u>	
County <u>Weber</u>		362	
STATE OF UTAH—DEATH CERTIFICATE			
Precinct _____			
Village _____			
City <u>Ogden</u>		No. <u>See Hospital</u>	St. _____
2 FULL NAME <u>Nels Joel Peterson</u>		Ward _____ <small>[If death occurred in a hospital or institution give its NAME instead of street and number.]</small>	
(a) Residence. No. _____		St. <u>Milton Utah</u>	
(USUAL PLACE OF ABODE)		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
Length of residence in city or town where death occurred _____ yrs. _____ mos.		How long in U. S., if foreign birth? <u>67</u> yrs. _____ mos. _____ ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	
6a. If Married, Widowed, or Divorced, HUSBAND OF (OR) WIFE OF <u>Matilda Nielsen</u>			
6 DATE OF BIRTH <u>Oct 12</u> 18 <u>67</u>			
7 AGE <u>99</u> ⁵⁹ yrs. _____ mos. _____ ds. <small>If LESS than 1 day, _____ hrs. _____ min.?</small>			
8 OCCUPATION OF DECEASED <u>Farmer</u>			
(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 _____			
9 BIRTHPLACE (City or town) <u>Denmark</u>			
(State or Country)			
10 NAME OF FATHER <u>Baltzar Peterson</u>			
11 BIRTHPLACE OF FATHER <u>Denmark</u>			
(State or Country)			
12 MAIDEN NAME OF MOTHER <u>Matilda Joelsen</u>			
13 BIRTHPLACE OF MOTHER <u>Denmark</u>			
(State or Country)			
14 Informant <u>Oliver Peterson</u>			
Address <u>Milton Utah</u>			
15 Filed <u>11</u> 19 <u>26</u>			
Registered Number <u>644</u>		Registrar No. of Burial or Removal Permit <u>644</u>	
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH <u>Dec 12</u> 19 <u>26</u>			
(Month) (Day) (Year)			
17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 10</u> 19 <u>26</u> , to <u>Dec 12</u> 19 <u>26</u>			
that I last saw him alive on <u>Dec 12</u> 19 <u>26</u>			
and that death occurred, on the date stated above, at <u>8:15</u> pm.			
The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage</u>			
(Duration) _____ yrs. _____ mos. _____ ds.			
Contributory <u>arterial hypertension</u>			
(Secondary) <u>unhypertensive</u>			
(Duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted if not at place of death? <u>Milton, Morgan Co.</u>			
Did an operation precede death? <u>No</u> Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Clinical signs</u>			
(Signed) <u>H. H. Savage, M. D.</u>			
<u>Dec 14</u> 19 <u>26</u> (Address) <u>City Hall</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.)			
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Milton, Utah</u>		DATE OF BURIAL <u>Dec 15</u> 19 <u>26</u>	
20 UNDERTAKER <u>Malcolm Mortuary Co.</u>		ADDRESS <u>Ogden, Utah</u>	
READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE			