

State Board of Health File No.

STATE OF UTAH - DEATH CERTIFICATE.

THIS CERTIFICATE MUST BE FORWARDED BY LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.

PLACE OF DEATH Richville
County of Morgan
Precinct of Kanyon Creek
City, Town or Village of Richville
Street and No.
If in Hospital or Institution, give its name and how long deceased was an inmate

Full Name of Deceased (Initials only will not be accepted)

Cliff Anderson Rose

Special Information for Hospitals, Institutions, Transients or Recent Residents

Former or Usual Residence

How long resident at place of death 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White
DATE OF BIRTH July 22 1892
(Month) (Day) (Year)

AGE 13 years, 14 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Sweden

NAME OF FATHER Andrew Petrus Rose

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Mary

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION Farmmer

Do not register for cooperative employment for all persons 10 years of age and over.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Informant Mary Rose
(Address) Richville, Morgan Co

Place of Burial Richville

Date of Burial Aug. 8th 1905

Undertaker

Address

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1905
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 2 1905 to Aug 6 1905 that I last saw him alive on Aug 6 1905 and that death occurred, on the date stated above, at

19 M. The CAUSE OF DEATH was as follows:

Chief Cause Pneumonia

Where Contracted at home Duration 4 Days

Contributory (if any)

Where Contracted Duration Days

(Signed) Le Roy McGuire M. D.

Date Sept 4 1905 Address Morgan Wt

Filed Sept 4 1905 Joseph R. Porter Registrar

REGISTERED NUMBER One ID. ORIGINAL DEATH

(OVER)

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STATE OF UTAH - DEATH CERTIFICATE.

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PLACE OF DEATH
 County of *Morgan*
 Precinct of *Lanark Creek*
 City, Town or Village of *Richville*
 Street and No.
 (If the vital or institution, give its name and how long deceased was an inmate.)

Full Name of Deceased (Initials only will not be accepted)
Cliff Anderson Rose
 Special Information for Hospitals, Institutions, Transients or Recent Residents
 Former or Usual Residence *Richville*
 How long resident at place of death *37 years*

PERSONAL AND STATISTICAL PARTICULARS
 SEX *Male* COLOR *White*
 DATE OF BIRTH *July 22 1832*
 (Month) (Day) (Year)
 AGE *73* years, *14* months, *14* days
 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 BIRTHPLACE (State or Country) *Sweden*
 NAME OF FATHER *Andrew Peterson Rose*
 BIRTHPLACE OF FATHER (State or Country) *Sweden*
 MOTHER'S NAME (State or Country) *Margaret Olafson*
 BIRTHPLACE OF MOTHER (State or Country) *Sweden*
 OCCUPATION

MEDICAL CERTIFICATE OF DEATH
 DATE OF DEATH *Aug 7 1905*
 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from *Aug 7 1905* to *Aug 12 1906* that I last saw him alive on *Aug 12 1906* and that death occurred, on the date stated above, at *10*.

M. The CAUSE OF DEATH was as follows
 Chief Cause *Pneumonia*
 Where Contracted *at home* Duration *6* Days
 Contributory (if any) *Old age*
 Where Contracted *at home* Duration *6* Days
 (Signed) *Le Roy Peterson M.D.*
 Date *Feb 1 1906* (Address) *Morgan*

Get a cooperative endorsement for all persons 10 years of age and over.
 THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
 Informant *Mary Rose*
 (Address) *Richville*
 Place of Burial *Richville*
 Date of Burial *Aug 8 1905*
 Undertaker
 Address

Filed *Sept 14 1905*
Joseph R. Porter
 Registrar
 REGISTERED NUMBER *0000*
 OF DEATH CERTIFICATE *0000*

(OVER)