

| PLACE OF DEATH  |   |  | State Board of Health File No. <b>283</b>  |  |
|---|---|--|--|--|
| County  | <i>Heber</i>  |  | STATE OF UTAH—DEATH CERTIFICATE <b>460</b>   |  |
| Township  | <i>Hooper</i>   |  |  |  |
| Village   | <i>Hooper</i>   |  |  |  |
| City  | <i>Hooper</i>   |  |  |  |
| 2 FULL NAME <i>Samuel Fowler</i>  |   |  | [If death occurred in a hospital or institution, give its NAME instead of street and number.]  |  |
| PERSONAL AND STATISTICAL PARTICULARS  |   |  | MEDICAL CERTIFICATE OF DEATH   |  |
| 3 SEX <i>Male</i>   | 4 COLOR OR RACE <i>White</i>                              | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i><br>(Write the word)   | 16 DATE OF DEATH <i>Aug. 19, 1914</i><br>(Month) (Day) (Year)  |  |
| 6 DATE OF BIRTH <i>Feb. 10, 1853</i><br>(Month) (Day) (Year)  |   |  | 17 I HEREBY CERTIFY, That I attended deceased from <i>Aug. 15, 1914</i> , to <i>Aug. 19, 1914</i> , that I last saw him alive on <i>Aug. 18, 1914</i> , and that death occurred, on the date stated above, at <i>8:30 p.m.</i>   |  |
| 7 AGE <i>91 yrs. 6 mos. 9 ds.</i><br>If LESS than 1 day, hrs. or min.?  |   |  | The CAUSE OF DEATH* was as follows:<br><i>Cerebral hemorrhage</i>  |  |
| 8 OCCUPATION<br>(a) Trade, profession or particular kind of work <i>Farmer &amp; Nurseryman</i><br>(b) General nature of industry, business, or establishment in which employed (or employer) |   |  | (Duration) <i>3</i> yrs. <i>3</i> mos. <i>3</i> ds.  |  |
| 9 BIRTHPLACE (State or country) <i>Woodwardton, Eng.</i>  |   |  | Contributory <i>General arteriosclerosis</i><br>(Secondary)  |  |
| PARENTS   | 10 NAME OF FATHER <i>Wm. Fowler</i>                       | (Duration) <i>15</i> yrs. <i>3</i> mos. <i>3</i> ds.   |  |  |
|   | 11 BIRTHPLACE OF FATHER (State or country) <i>England</i> | (Signed) <i>H. C. Robinson</i> M. D.<br><i>Aug. 20, 1914</i> (Address) <i>Ogden, Utah</i>  |  |  |
|   | 12 MAIDEN NAME OF MOTHER <i>not known</i>                 | * State the DISEASE CAUSING DEATH, or, if death from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. |  |  |
| 13 BIRTHPLACE OF MOTHER (State or country) <i>not known</i>   |   |  | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)<br>At place of death <i>since 1898</i> in the <i>45</i> yrs. <i>3</i> mos. <i>3</i> ds.<br>Where was disease contracted, if not at place of death?<br>Former or usual residence <i>Hooper, Heber Co.</i> |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <i>Samuel Fowler Jr.</i><br>(Address) <i>Ogden, Utah</i>  |   |  | 19 PLACE OF BURIAL OR REMOVAL <i>Hooper, Heber Co.</i>   |  |
| 15 Filed <i>Sept. 4, 1914</i> <i>L. E. Olson</i> REGISTRAR  |   |  | DATE OF BURIAL <i>8/31, 1914</i>   |  |
| 21 REGISTERED NUMBER <i>5</i>   |   |  | 22 NO. OF BURIAL PERMIT <i>5</i>   |  |
|   |   |  | 23 UNDERTAKER <i>Lauren House</i>  |  |
|   |   |  | ADDRESS <i>Ogden, Utah</i>   |  |

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE