

PLACE OF DEATH

State Board of Health File No. 6

County Morgan

Township Peterson

Village Peterson

City Peterson

STATE OF UTAH - DEATH CERTIFICATE

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Susan J. Whitaker Rollins

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

16 DATE OF DEATH June 17, 1914
(Month) (Day) (Year)

6 DATE OF BIRTH March 21, 1866
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1914, to June 10, 1914, that I last saw her alive on June 10, 1914, and that death occurred, on the date stated above, at 9 a.m.

7 AGE 48 yrs. 7 mos. 27 ds.
If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

Angina Pectoris
(Duration) 5 yrs. 1 mos. 1 ds.

9 BIRTHPLACE (State or country) Centerville Davis Co. Utah

Contributory Myocardium & Aorta
(Secondary) (Duration) 5 yrs. 5 mos. 1 ds.
(Signed) C. R. Rigney M. D.
June 18, 1914 (Address) Morgan

10 NAME OF FATHER Thomas Whitaker

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Mills

13 BIRTHPLACE OF MOTHER (State or country) England

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) S. C. Rollins

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 7 yrs. 7 mos. 27 ds. In the State 7 yrs. 7 mos. 27 ds.
Where was disease contracted If not at place of death?
Former or usual residence

(Address) Peterson Utah

15 Filed Oct 3, 1914 Arthur Whitaker REGISTRAR

19 PLACE OF BURIAL OR REMOVAL W. H. Green DATE OF BURIAL June 19, 1914

21 REGISTERED NUMBER 2 22 NO. OF BURIAL PERMIT 2

20 UNDERTAKER ADDRESS

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE