

8-25-04 - 2000

State Board of Health File No.

452

## 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

County of

Precinct of

City, Town or Village of

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)

Steuben Rollins

Special Information for Hospitals, Institutions, Transients or Recal Residents:

Former or Usual Residence

How long resident at place of death

## PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH

AGE

SINGLE, MARRIED,  
WIDOWED, OR DIVORCEDBIRTHPLACE  
(State or country)NAME OF  
FATHERBIRTHPLACE  
OF FATHER  
(State or country)MAIDEN NAME  
OF MOTHERBIRTHPLACE  
OF MOTHER  
(State or country)

OCCUPATION

(Return remunerative 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)

(Address)

Place of Burial

Date of Burial

Undertaker

Address

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

March  
(Month)5th  
(Day)1909  
(Year)I HEREBY CERTIFY, That I attended deceased from  
February 26 1909 to March 5th 1909

that I last saw him alive on March 5 1909

and that death occurred, on the date stated above, at 5:45

P. M. The CAUSE OF DEATH was as follows:

Chief Cause Gangrene (Infective)

Where Contracted Centerville Duration 5 Days

Contributory (if any) Senility

Where Contracted Duration Days

(Signed) B. L. Resler M. D.

Date May 7 1909 (Address) Bountiful: Utah

Filed

March 8 1909 Leah Walker

Registrar

REGISTERED NUMBER

2

NO. OF BURIAL PERMIT

2

(OVER)