

STATE OF UTAH-DEATH CERTIFICATE.

220

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 *Utah*
 County of *Utah*
 Precinct of *First Ward*
 City, Town or Village of *Ogden*
 Street and No. *3205 Washington ave*
 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)

Uuldrick Boekweg

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

Former or Usual Residence

How long resident at place of death

4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*
 DATE OF BIRTH *August 6 1856*
 (Month) (Day) (Year)

AGE *50* years, *2* months, *8* days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) *Goodbrooks, Holland*NAME OF FATHER *Geert Boekweg*BIRTHPLACE OF FATHER (State or country) *Holland*MAIDEN NAME OF MOTHER *Flyke W. Slijan*BIRTHPLACE OF MOTHER (State or country) *Holland*OCCUPATION *Farmer*

When 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) *Geert Boekweg*(Address) *Ogden, Utah*Place of Burial *Ogden City Cemetery*Date of Burial *October 17 1906*Undertaker *Geo. H. Larkin & Sons*Address *Ogden, Utah*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

October 14 1906
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Oct 11* 1906 to *Oct 14* 1906

that I last saw him alive on *Oct 14* 1906

and that death occurred, on the date stated above, at

M. The CAUSE OF DEATH was as follows:

Chief Cause *Pneumonia*Where Contracted *Ogden Utah* Duration *5* DaysContributory (if any) *Typhoid fever*Where Contracted *Ogden Utah* Duration *23* Days(Signed) *Edward L. Rich* M. D.Date *1906* (Address) *Ogden Utah*

FILED *Oct 17 1906* *W. Gordon*
 Registrar

REGISTERED NUMBER

2444

NO. OF BURIAL PERMIT

2444