

PLACE OF DEATH

County Utah State Board of Health File No. 393

Precinct _____
Town or Village near Riverton
En Route to Provo from Salt Lake Andrew Jackson Stewart 363
City on Train _____ (No. _____ St. _____ Ward _____)

FULL NAME Andrew Jackson Stewart

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct. 8, 1846 (Month) (Day) (Year)

7 AGE 72 yrs. 0 mos. 23 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Iowa

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 31, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1918, to Oct. 8, 1918, that I last saw him alive on Oct. 8, 1918, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:
Debility following operations for removal of enlarged prostate gland
(Duration) 2 yrs. - mos. - ds.

10 NAME OF FATHER Andrew Jackson Stewart

11 BIRTHPLACE OF FATHER (State or country) Ohio

12 MAIDEN NAME OF MOTHER Emmie Peas

13 BIRTHPLACE OF MOTHER (State or country) Ohio

Contributory (Secondary) _____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. J. Stewart, M. D.
Oct. 8, 1918 (Address) Provo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Scott P. Stewart (Address) Provo, Ut.

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place arrived on train In the of: date ____ yrs. ____ mos. ____ ds. State 66 yrs. 2 mos. 10 ds. Where was disease contracted, if not at place of death? Provo, Utah

Former or usual residence Provo - Utah

15 Filed Nov-15-1918 Walker T. Hasler REGISTRAR per J. J. Stewart

21 REGISTERED NUMBER 457 22 NO. OF BURIAL PERMIT _____

19 PLACE OF BURIAL OR REMOVAL Provo, Ut. DATE OF BURIAL Nov. 4, 1918

20 UNDERTAKER Bergman ADDRESS Provo

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.