

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 PLACE OF DEATH 2 2 0 0 0 5 9

STATE BOARD OF HEALTH FILE NO. 13
380

County Box Elder
Precinct _____
or
Village _____
or

STATE OF UTAH—DEATH CERTIFICATE

City Brigham (No. 42 So 3rd west St.; 2nd Ward)
[If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME Charlotte Welch Boden
(a) Residence. No. 42 So 3rd west St., 2nd Ward. Charlotte Welch Boden
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow

6a IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Hubert Boden

7 DATE OF BIRTH September 25, 1856
(Month) (Day) (Year)

8 AGE 65 yrs. 3 mos. 27 ds. If LESS than 1 day, hrs. or min.?

9 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) at home (c) Name of Employer _____

10 BIRTHPLACE (City or town) Centerville (State or country) Utah

PARENTS
10 NAME OF FATHER John Welch
11 BIRTHPLACE OF FATHER (State or country) England
12 MAIDEN NAME OF MOTHER Eliza Billington
13 BIRTHPLACE OF MOTHER (State or country) England

14 Informant Mrs Orval L. Lund
Address Brigham City ut.

15 Filed Jan 25 1922 Mrs. Ross H. Neely REGISTRAR

21 REGISTERED NUMBER 7 22 NO. OF BURIAL PERMIT 8

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 22nd, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY. That I attended deceased from Jan 1, 1921, to Jan 22, 1922, that I last saw her alive on Jan 20, 1922, and that death occurred, on the date stated above, at 6:30 m. The CAUSE OF DEATH* was as follows:

Diabetes mellitus
(Duration) 1 yrs. 6 mos. ds.

Contributory (recovery) (Duration) _____ yrs. _____ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) R. A. Pearce, M. D.
Jan 23, 1922 (Address) Brigham

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Brigham DATE OF BURIAL Jan 25, 1922

20 UNDERTAKER R. M. Thompson ADDRESS Brigham