

STATE OF UTAH—DEATH CERTIFICATE. **624**

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 Salt Lake
Precinct of _____
City, Town or Village of Salt Lake
Street and No. 361, 4th Street
If in Hospital or Institution, give its name and how long deceased was an inmate
0601594

Full Name of Deceased (Initials only will not be accepted)

Clements R. Horsley
Clements R. Horsley

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

Former or Usual Residence Salt Lake CityHow long resident at place of death 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White
DATE OF BIRTH 12 1 1847
(Month) (Day) (Year)

AGE 58 years, 6 months, 24 daysSINGLE, MARRIED, WIDOWED, OR DIVORCED DivorcedBIRTHPLACE (State or country) EnglandNAME OF FATHER John HorsleyBIRTHPLACE OF FATHER (State or country) EnglandMAIDEN NAME OF MOTHER Susan ClementsBIRTHPLACE OF MOTHER (State or country) EnglandOCCUPATION Barber

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) Family
(Address) 361 South St

Place of Burial City Cem.Date of Burial 6-27-06Undertaker Jos. W. TaylorAddress City

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 25 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 21 1906 to June 25 1906, that I last saw him alive on June 25 1906 and that death occurred, on the date stated above, at 4⁴⁵

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

Chief Cause Phthisis, PulmonaryWhere Contracted Salt Lake Duration _____ Days

Contributory (if any) _____

Where Contracted _____ Duration _____ Days

(Signed) John S. Wilcox M. D.Date 6-25 1906 (Address) TempletonFiled 6/27 1906 T. R. Stewart, M.D.
Registrar

REGISTERED NUMBER

11918

NO. OF BURIAL PERMIT

N. 16582

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, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.