1 PLACE OF DEATH 280 State Board of Health File No. 280

County Utah

STATE OF UTAH—DEATH CERTIFICATE

Precinct or Village or City Provo No 257 S. 5th W St., Ward

Dorathy Melissa Stewart

(If death occurred in a hospital or institution, give its NAME instead of street and number.) 363

2 FULL NAME Dorathy Melissa Stewait

(a) Residence. No Provo Utah St., Ward.
(Usual place of abode) [IF NON-RESIDENT GIVE CITY OR TOWN AND STATE]

Length of residence in city or town where death occured 72 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

If Married, widowed, or Divorced — Husband of (or) Wife of Andrew Jackson Stewart

6 Date of Birth: Jan. 21 (Month) (Day), 1849 (Year)

7 Age: At 74 yrs. 5 mos. 21 ds. | If LESS than 1 day ..... hrs. or ..... min.?

8 Occupation of Decedent
(a) Trade, profession or particular kind of work: Obstetrician
(b) General nature of industry, business, or establishment in which employed (or employer): Cancer Specialist.
(c) Name of Employer

9 Birthplace (City or town): Council Bluffs
(State or country): Iowa

PARENTS

10 Name of Father: Dr John Riggs
11 Birthplace of Father (State or country): Connecticutt
12 Maiden Name of Mother: Jane Bullock
13 Birthplace of Mother (State or country): New Hampshire

14 Informant: Scot P. Stewart
Address: Provo Utah

15 Filed AUG 4 1923 J. Bleeth Registrar

REGISTERED NUMBER 21: 821

NO OF BURIAL PERMIT 22:

MEDICAL CERTIFICATE OF DEATH

16 Date of Death: July (Month) 12 (Day), 1923 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Stewart 10/7, 1923, to July 12, 1923, that I last saw her alive on July 12, 1923, and that death occurred, on the date stated above, at 4.45 P.m.

The CAUSE OF DEATH* was as follows:

Nephritis, associated with chronic age.

(Duration) yrs. mos. ds.

Contributory (Secondary) Acute bronchitis, Pneumonia

(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? Urine analysis

(Signed) Charles J. Bowles M. D.

July 13 1923 (Address) Provo Utah

*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: Provo Utah | Date of Burial: July 16, 1923

20 Undertaker: Berg Mortuary | Address: Provo

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE.

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.