

STATE OF UTAH  
CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County. Box Elder

(b) City or town. Brigham City  
(If outside city or town limits name Precinct)

(c) Name of hospital or institution:  
118 South 2nd East  
(If not in hospital or institution give street number or location)

(d) Length of stay: In hospital or institution. Home  
(Specify whether  
In this community. Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Utah (b) County. Box Elder

(c) City or town. Brigham City  
(If outside city or town limits write RURAL)

(d) Street No. 118 South, 2nd East  
(If rural give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) FULL NAME. ERNEST PRESTON HORSLEY

3. (b) If veteran, name war. No.

3. (c) Social Security No. None

4. Sex. Male

5. Color or race. White

6. (a) Single, widowed, married or divorced. Married

6. (b) Name of husband or wife. May Mathies

6. (c) Age of husband or wife if alive. 65 years.

7. Birth date of deceased. March 19, 1875  
(Month) (Day) (Year)

8. AGE

Years	Months	Days	If less than one day
<u>67</u>	<u>4</u>	<u>3</u>	.....hr.....min.

9. Birthplace. Perry, Utah  
(City, town, or county) (State or foreign country)

10. Usual occupation. Clerical & Office work

11. Industry or business. Box Elder School Dis.

MOTHER FATHER { 12. Name. William Horsley

{ 13. Birthplace. (Ink) England  
(City, town, or county) (State or foreign country)

{ 14. Maiden name. Elizabeth Preston Welch

{ 15. Birthplace. Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. Bruth A. Hadwick

(b) Address. Brigham City, Utah

17. (a) Burial (b) Date thereof. 7/26/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Brigham, Utah

18. (a) Mortuary. HAROLD B. FELT FUNERAL HOME

(b) Signature of funeral director. Harold B. Felt

(c) Address. Brigham, Ut (d) License No. 89

(e) Was body embalmed? Yes (f) Embalmer's License No. 230

19. (a) 7-26-42 (b) Olga E. Anderson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22, 1942 19\_\_\_\_

(Month, day, and year)

21. I HEREBY CERTIFY, That I attended deceased from Aug 1939 19\_\_\_\_ to July 22 1942 19\_\_\_\_

I last saw him/her alive on July 22 19\_\_\_\_

death occurred on the date stated above at \_\_\_\_\_ m. DURATION

Immediate cause of death. Multiple Sclerosis

Due to. \_\_\_\_\_

Due to. 087d

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. \_\_\_\_\_

Of autopsy. \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence. \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place? \_\_\_\_\_ (e) While at work? \_\_\_\_\_

(f) Means of injury. \_\_\_\_\_  
(Specify type of place)

23. Signature. H. Anderson (M.D. or other)  
July 22, 1942 Address. Brigham

MARGIN RESERVED FOR BINDING

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.