

1 PLACE OF DEATH

County

Precinct

or

Village

or

City

2 FULL NAME

(a) Residence No.

(Usual place of abode)

Length of residence in city or town where death occurred

200099

State Board of Health File No.

STATE OF UTAH—DEATH CERTIFICATE

Elizabeth Preston Welch Horsley

Elizabeth Preston Welch Horsley

No. 63 So 1st East St. 1st Ward

Elizabeth Preston Welch Horsley

63 So 1st East St. 1st Ward

60 yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3 Sex

4 Color of Skin

5 Single, Married, Widowed, or Divorced (With the word)

6a If Married, Widowed, or Divorced

(Name of former husband or wife)

6 Date of Birth

(Month)

(Day)

(Year)

7 Age

8

8 ds.

If LESS than

1 day

hrs.

or min.

8 Occupation of Decedent

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of Employer

9 Birthplace (City or town)

(State or Country)

10 Name of Father

11 Birthplace of Father

(State or Country)

12 Maiden Name of Mother

13 Birthplace of Mother

(State or Country)

PARENTS

14 Informant

Address

15 Filed

Apr 10 1924

Paul N. Hickey

Registrar

REGISTERED NUMBER

21

NO. OF BURIAL FERRY

22

MEDICAL CERTIFICATE OF DEATH

16 Date of Death

April 8th

(Month)

(Day)

1924 (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 1, 1923, to April 8, 1924

that I last saw her alive on April 2, 1924

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

apoplexy (H.W.)

(Duration) 10 yrs. mos. ds.

Contributory arteriosclerosis

(Secondary) (Duration) 10 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) D. A. Pearson M. D.

April 9, 1924 (Address) Payson

*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, Occupation, or

Date of Burial

Payson, Utah

20 Burial place

Address

2nd Ward, Payson, Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

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 certifi cate.