

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, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County: Utah

George M. Smoot

State Board of Health File No. 29

STATE OF UTAH—DEATH CERTIFICATE

Township _____

or _____

Village _____

or _____

City: Provo

(No. 210 E. 22 North St.; 5 Ward)

330

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

FULL NAME

George M. Smoot

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

6 DATE OF BIRTH Jan 9, 1863
(Month) (Day) (Year)

7 AGE 51 yrs. 8 mos. 8 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession or particular kind of work President
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Company

9 BIRTHPLACE (State or country) Provo

PARENTS
10 NAME OF FATHER Abram O. Smoot
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Anna K Morrison
13 BIRTHPLACE OF MOTHER (State or country) Norway

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Hayes
(Address) Provo Utah

15 Filed Jan 18, 1915 REGISTRAR W. M. Messill

21 REGISTERED NUMBER 17 22 NO. OF BURIAL PERMIT _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 17, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1914, to Jan 17, 1915, that I last saw him alive on Jan 17, 1915, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:
Calcular Heart Disease

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) Nephritis
(Signed) Geo. E. Roberts, M. D.
Jan 20, 1915 (Address) Provo Utah

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Provo DATE OF BURIAL Jan 20, 1915

20 UNDERTAKER Graham Jones ADDRESS Provo

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE