

1 PLACE OF DEATH

County Salt Lake

Precinct _____

or
Village _____City Salt Lake (No. 224 Wth St. St.; Ward _____)

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

2 FULL NAME Henry Horsley(a) Residence. No. 224 Wth St. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. _____ d. How long in U. S., if of foreign birth? 66 yrs. mos. _____ d.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

3a If married, widowed, or divorced

HUSBAND or WIFE Margaret L. Horsley6 DATE OF BIRTH Oct. 24 1885

(Month) (Day) (Year)

7 AGE Years Months Days 8 LESS than 1 day _____ hrs. or _____ min.
76 6 12

9 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Conductor(b) General nature of industry, business, or establishment in which employed (or employer). St. Car for(c) Name of employer. Ut. Light & Traction Co.9 BIRTHPLACE (city or town) England
(State or country)

PARENTS

10 NAME OF FATHER (Unknown) Horsley11 BIRTHPLACE OF FATHER England
(State or country)12 MAIDEN NAME OF MOTHER Susan Clements13 BIRTHPLACE OF MOTHER England
(State or country)14 Informant Clement H. Horsley,
(Address) 224 Wth St.15 Filed 5-8- 1922 W. ChristophersonREGISTERED NO. OF BURIAL PERMIT
21 S-726 22 S-726

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 6, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Dec. 16, 1921 to May 6, 1922that I last saw him alive on May 5, 1922and that death occurred, on the date stated above, at 3:30 p.m.The CAUSE OF DEATH* was as follows: A.M.Uremia, Chronic Nephritic
in natureCo. (duration) yrs. mos. 3 d.CONTRIBUTORY (secondary) Chronic Arterio
Sclerotic Nephritis.
(duration) yrs. mos. d.18 Where was disease contracted if not at place of death? UnknownDid an operation precede death? No Date of _____Was there an autopsy? NoWas test confirmed diagnosis? Clinical Findings(Signed) A. C. Callister, M. D.5-6- 1922 (Address) Boston Bldg.

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL City Cem. DATE OF BURIAL 5-9-2220 UNDERTAKER Larkin Undkg. Co.ADDRESS City