

REGISTER OF DEATHS

1 PLACE OF DEATH
 County Salt Lake
 Precinct _____
 or
 Village _____
 or
 City Salt Lake (No. Salt Lake General Hospital) (If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME John Franklin McBride

(a) Residence. No. _____ St. _____ Ward 90 Wood Row, Murray, Utah
Usual place of abode If non-resident give city or town and state

Length of residence in city or town where death occurred 1 yrs. 15 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced. Write the word. <u>Married</u>			16 DATE OF DEATH <u>April 15th</u> 19 <u>32</u> <small>Month Day Year</small>		
5a If married, widowed or divorced HUSBAND OF OR WIFE OF <u>Anna L. McBride</u>					17 I HEREBY CERTIFY, That I attended deceased from <u>April 1st</u> , 19 <u>32</u> , to <u>April 15th</u> , 19 <u>32</u> that I last saw him alive on <u>April 15th</u> , 19 <u>32</u> and that death occurred, on the date stated above, at <u>10:00a</u> m.		
6 DATE OF BIRTH <u>July 5th</u> 18 <u>90</u> <small>Month Day Year</small>					THE CAUSE OF DEATH* was as follows: <u>Carcinoma of Larynx</u>		
7 AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min. <u>41</u> <u>9</u> <u>10</u>					Duration _____ yrs. <u>?</u> mos. _____ ds.		
8 OCCUPATION OF DECEASED a. Trade, profession, or particular kind of work <u>Day Laborer</u> b. General nature of industry, business, or establishment in which employed (or employer) c. Name of employer					CONTRIBUTORY SECONDARY <u>Pulmonary T. B.</u> <u>(quiescent)</u> Duration <u>?</u> yrs. _____ mos. _____ ds.		
9 BIRTHPLACE city or town <u>Warrensberg</u> State or Country <u>Missouri</u>					18 Where was disease contracted If not at place of death? _____		
PARENTS	10 NAME OF FATHER <u>Martin McBride</u>				Did an operation precede death? <u>No</u> Date of _____		
	11 BIRTHPLACE OF FATHER State or Country <u>Missouri</u>				Was there an autopsy? <u>Yes</u>		
	12 MAIDEN NAME OF MOTHER <u>Annie Van Bebbler</u>				What test confirmed diagnosis? <u>Autopsy</u>		
	13 BIRTHPLACE OF MOTHER State or Country <u>Missouri</u>				Signed <u>Clark Young</u> , M. D. <u>4-16</u> , 19 <u>32</u> . Address <u>Salt Lake City</u>		
14 Informant <u>Anna L. McBride</u> Address <u>90 Woodrow, Murray, Utah</u>					*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
15 Filed <u>4-18</u> 19 <u>32</u> <u>L. E. Viko</u> REGISTRAR					19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Midvale, Utah</u> DATE OF BURIAL <u>4-18</u> 19 <u>32</u>		
REGISTERED NO. OF BURIAL PERMIT					20 UNDERTAKER ADDRESS		
21 <u>580</u> 22 <u>580</u>					<u>George A. Jenkins</u> <u>Murray, Utah</u>		

1 PLACE OF DEATH
 County Salt Lake
 Precinct _____
 or
 Village _____
 or
 City Salt Lake (No. Holy Cross Hospital, _____ Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Bennett Parsons

(a) Residence. No. _____ St. _____ Ward Evanston, Wyoming
Usual place of abode If non-resident give city or town and state

Length of residence in city or town where death occurred _____ yrs. _____ mo5 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced. Write the word. <u>Single</u>			16 DATE OF DEATH <u>April 18th</u> 19 <u>32</u> <small>Month Day Year</small>		
5a If married, widowed or divorced HUSBAND OF OR WIFE OF _____					17 I HEREBY CERTIFY, That I attended deceased from <u>April 13th</u> , 19 <u>32</u> to <u>April 18th</u> , 19 <u>32</u> that I last saw him alive on <u>April 18th</u> , 19 <u>32</u> and that death occurred, on the date stated above, at <u>5:50P</u> m.		
6 DATE OF BIRTH <u>March 6th</u> 19 <u>32</u> <small>Month Day Year</small>					THE CAUSE OF DEATH* was as follows: <u>Bowel obstruction</u> <u>(volvulus)</u>		
7 AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min. <u>1</u> <u>12</u>					Duration _____ yrs. _____ mos. <u>5</u> ds.		
8 OCCUPATION OF DECEASED a. Trade, profession, or particular kind of work <u>None</u> b. General nature of industry, business, or establishment in which employed (or employer) c. Name of employer					CONTRIBUTORY SECONDARY _____ Duration _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE city or town <u>Evanston</u> State or Country <u>Wyoming</u>					18 Where was disease contracted If not at place of death? <u>Evanston, Wyoming</u>		
PARENTS	10 NAME OF FATHER <u>Arthur Neil Parsons</u>				Did an operation precede death? <u>Yes</u> Date of <u>4-15-32</u>		
	11 BIRTHPLACE OF FATHER State or Country <u>South Dakota</u>				Was there an autopsy? <u>No</u>		
	12 MAIDEN NAME OF MOTHER <u>Grace Bennett</u>				What test confirmed diagnosis? _____		
	13 BIRTHPLACE OF MOTHER State or Country <u>Kansas</u>				Signed <u>Walter L. Felt</u> , M. D. <u>4-19</u> , 19 <u>32</u> Address <u>Salt Lake City</u>		
14 Informant <u>Arthur N. Parsons</u> Address <u>Evanston, Wyoming</u>					*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
15 Filed <u>4-19</u> , 19 <u>32</u> <u>L. E. Viko</u> REGISTRAR					19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Evanston, Wyoming</u> DATE OF BURIAL _____ 19 <u> </u>		
REGISTERED NO. OF BURIAL PERMIT					20 UNDERTAKER ADDRESS		
21 <u>582</u> 22 <u>582</u>					<u>Evans and Early Co.</u> <u>City</u>		

(J. Albert Boulton)