REGISTER OF DEATHS

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AGE Year Months Day II LESS that A Let was him allow as April 15th, 19.55 and at the death court, and the data featured short of the Action of	A CONTRACTOR OF THE PARTY OF TH	I HEREBY CERTIFY, That I attended deceased from
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Informant Arthur N. Parsons Address Evanston, Wyoming File 4-19, 19 32 L. E. Viko REGISTERED NO. OF BURIAL PERMIT 1 582 State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. 19 PLACE OF BURIAL, CREMATION, OR REMOVAL Evanston, Wyoming 19 20 UNDERTAKER ADDRESS	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 BIRTHPLACE city or town Evanston State or Country Wyoming 10 NAME OF FATHER Arthur Neil Parsons 11 BIRTHPLACE OF FATHER State or Country South Dakota 12 MAIDEN NAME OF MOTHER Grace Bennett 13 BIRTHPLACE OF MOTHER	that I last saw h im alive on April 18th, 132 and that death occurred, on the date stated above, at 5:50P m. THE CAUSE OF DEATH* was as follows: BOWEL obstruction (VOLVULUS) Duration yrs. mos5 ds. CONTRIBUTORY SECONDARY Duration yrs. mos. ds. 18 Where was disease contracted Evanston, Wyoming Did an operation precede death? Yes Date of 4-15-32 Was there an autopsy? No What test confirmed diagnosis? Signed Walter L. Felt , M. D.
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