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1 PLACE OF DEATHState Board of Health File No. 587
216

County Salt Lake

STATE OF UTAH—DEATH CERTIFICATE

Precinct

Village

City Salt Lake

No Salt Lake Gen'l Hospital

Ward { [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. Murray, Utah (90 Woodrow)
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

16 DATE OF DEATH April 15, 1932
(Month) (Day) (Year)

5a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Anna L. McBride

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to April 5, 1932, that I last saw him alive on April 5, 1932, and that death occurred, on the date stated above, at 10 P.M. The CAUSE DEATH* was as follows:

6 DATE OF BIRTH July 5, 1890
(Month) (Day) (Year)

Carcinoma of Larynx (47)

7 AGE 41 yrs 9 mos 10 ds. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Day Laborer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of Employer

Contributory Pulmonary T.B. (Secondary) (Duration 9 yrs 9 mos ds.)

9 BIRTHPLACE (City or town) Warrensburg (State or Country) Missouri

10 NAME OF FATHER Martin McBride

18 Where was disease contracted if not at place of death?

11 BIRTHPLACE OF FATHER Missouri

12 MAIDEN NAME OF MOTHER Annie Van Bebber

13 BIRTHPLACE OF MOTHER Missouri

14 Informant Anna L. McBride Address 90 Woodrow Murray

Did an operation precede death? No Date of Was there an autopsy? Yes What test confirmed diagnosis? Autopsy (Signed) Chas. J. M. D. April 16, 1932 (Address) Salt Lake City

15 Filed Apr. 18 1932 L. E. Vicks Registrar

*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.)

Registered Number 580 No. of Burial or Removal Permit 580

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Midvale City, Utah DATE OF BURIAL April 18, 1932 ADDRESS Deseret Jenkins Murray, Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.