

STATE OF UTAH-DEATH CERTIFICATE.

THIS CERTIFICATE MUST BE FORWARDED BY LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 1<sup>ST</sup> OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.

PLACE OF DEATH  
 County of Boxelder  
 Precinct of Bozeman  
 City, Town or Village of Brigham  
 Street and No. \_\_\_\_\_  
 If in Hospital or Institution, give its name and how long deceased was an inmate \_\_\_\_\_  
0700179

Full Name of Deceased (Initials only will not be accepted)  
Legard William Horsley  
Legard William Horsley  
 Special Information for Hospitals, Institutions, Transients or Recent Residents:  
 Former or Usual Residence Brigham  
 How long resident at place of death \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS  
 SEX M. COLOR White  
 DATE OF BIRTH Aug 23 1891  
 (Month) (Day) (Year)  
 AGE 16 years, \_\_\_\_\_ months, 30 days  
 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 BIRTHPLACE (State or country) Brigham Utah  
 NAME OF FATHER Wm Horsley  
 BIRTHPLACE OF FATHER (State or country) England  
 MAIDEN NAME OF MOTHER Elizabeth Welsh  
 BIRTHPLACE OF MOTHER (State or country) Missouri  
 OCCUPATION None

MEDICAL CERTIFICATE OF DEATH  
 DATE OF DEATH Oct 24 1907  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 8 1907 to Oct 24 1907  
 that I last saw him alive on Oct 24 1907  
 and that death occurred, on the date stated above, at 4  
a. M. The CAUSE OF DEATH was as follows:

Chief Cause Typhoid Fever  
 Where Contracted Brigham Duration 20 Days  
 Contributory (if any) Intestinal Hemorrhage

Where Contracted \_\_\_\_\_ Duration \_\_\_\_\_ Days  
 (Signed) E A Rich M. D.  
 Date 10-25-1907 (Address) Brigham

Return remunerative employment for all persons 10 years of age and over.  
 THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  
 (Informant) Wm Horsley  
 (Address) Brigham  
 Place of Burial Brigham  
 Date of Burial Oct 24 07  
 Undertaker Stowe  
 Address Brigham

Filed Oct 30 1907 R A Pearce Registrar  
 REGISTERED NUMBER 44 NO. OF BURIAL PERMIT 44

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.