

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.

1 PLACE OF DEATH

County..... Salt Lake
 Precinct.....
 or
 Town or City..... Salt Lake City No..... St..... Ward.....

STATE OF UTAH
 CERTIFICATE OF DEATH

State Board of Health File No.....

2 FULL NAME..... Lois Hook HORSELEY

3 Residence: No..... 224 F Street

(Usual place of abode)

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

LENGTH OF RESIDENCE:

(a) in city or town where death occurred years. mos. ds.

(b) in U. S., if of foreign birth years. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 Sex F 5 Color or Race W 6 Single, Married, Widowed, or DIVORCED (write the word) M

6a If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF ---

7 DATE OF BIRTH (month, day, and year) ---

8 AGE Years Months Days If LESS than 1 day,hrs. or.....min.?
 58 - 2

9 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work done, as engineer (type of) miner, bookkeeper, etc. None
 (b) Industry or business in which work was done, as railway, mine (kind of), bank, etc. ---
 (c) Date deceased last worked at this occupation (month and year) --- (d) Total time (years) spent in this occupation ---

10 BIRTHPLACE (City or Town) ---
 (State or Country) England

11 NAME OF FATHER Richard Hook

12 BIRTHPLACE OF FATHER (State or Country) England

13 MAIDEN NAME OF MOTHER Alice ---

14 BIRTHPLACE OF MOTHER (State or Country) England

15 INFORMANT (Signature) ---
 Address ---

16 BURIAL, CREMATION, OR REMOVAL Place City Cemetery Date Sept. 11, 1906

17 UNDERTAKER J.W. Taylor
 Address ---

18 FILED ---, 19 --- M. R. Stewart
 REGISTRAR.

REGISTERED NUMBER 320-12153

MEDICAL CERTIFICATE OF DEATH

19 DATE OF DEATH (month, day, and year) September 8, 1906

20 I HEREBY CERTIFY, That I attended deceased from --- to ---

I last saw h--- alive on --- death occurred on the date stated above, at --- m. The principal cause of death and related causes of importance were as follows:
 Chr. Brights disease

DURATION Yrs.Mos.Ds.

Other contributory causes of importance: ---

If operation, date of ---

Condition for which performed ---

Was there an autopsy? ---

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?.....date of injury.....

Where did injury occur?..... (Specify city or town, county and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) E. F. Root

M. D.

Address ---