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STATE OF UTAH
CERTIFICATE OF DEATH

State File No. 1487
Registrar's No. 1555

1. PLACE OF DEATH:
(a) County Salt Lake
(b) City or town Salt Lake City
(If outside city or town limits write RURAL)
(c) Name of hospital or institution:
117 J Street
(If not in hospital or institution give street number or location)
(d) Length of stay: In hospital or institution
In this community 75 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 630
(a) State Utah (b) County Salt Lake
(c) City or town Salt Lake City
(If outside city or town limits write RURAL)
(d) Street No. 117 J Street
(If rural give location)
(e) If foreign born, how long in U.S.A. 75 years

3 (a) FULL NAME Mary Ann Lucas Burt

3 (b) If veteran, name war _____
3 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24, 1940
(Month, day, and year)
21. I HEREBY CERTIFY That I attended deceased from Jan. 30 to Sept. 24 1940
I last saw h. alive on Sept. 24 1940
Death occurred on the date stated above, at 12:25 a. m.

4. Sex Female race White
5. Color or 6 (a) Single, widowed, mar-
ried or divorced Widowed

6 (b) Name of husband or wife Andrew H. Burt

6 (c) Age of husband or wife if alive _____ yrs.

7. Birth date of deceased March 31 1849
(Month) (Day) (Year)

8. AGE Year Months Days If less than one day
91 5 23 hr. min.

9. Birthplace Bloxham England
(City, town, or county) (State or foreign country)

10. Usual occupation None-at home

11. Industry or business _____

12. Name Edward Lucas

13. Birthplace Bloxham, Warrington England
(City, town or county) (State or foreign country)

14. Maiden name Ann Morley

15. Birthplace Bloxham, Warrington England
(City, town or county) (State or foreign country)

16 (a) Informant's own signature _____

(b) Address Bowditch Water

17 (a) Burial (b) Date thereof 9-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18 (a) Mortuary Aultorest Mortuary

(b) Signature of funeral director _____

(c) Address 2350 E. 13th St License No. 145

(e) Was body embalmed YES (f) Embalmer's License No. 25

19 (a) 9-26-40 (b) _____
(Date received local registrar) (Registrar's signature)

Immediate cause of death

Coronary Thrombosis
Due to (in bed)
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: None
Of operations: _____
Of autopsy: _____

Physician Underline the cause which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide, (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (e) While at Work?
(Specify type of place)

(f) Means of injury _____
23. Sign of Dr. M. C. Curtis M.D. or other _____
Sept. 25 1940 Address Judith City

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.

SALT LAKE CITY