

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 2 3 0 2 1 1 0  
County Salt Lake  
Precinct # 6  
or Village Union  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

State Board of Health File No. 810  
262

STATE OF UTAH—DEATH CERTIFICATE

Violet Elizabeth Rogers

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Violet Elizabeth Rogers

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH May 10 1928  
(Month) (Day) (Year)

5a If Married, Widowed, or Divorced HUSBAND OF \_\_\_\_\_ (OR) WIFE OF \_\_\_\_\_

17 I HEREBY CERTIFY, that I attended deceased from 5-?-1928, 1928, to 5-10-1928,

6 DATE OF BIRTH Aug 19 1925  
(Month) (Day) (Year)

that I last saw her alive on 5-10-1928

7 AGE 2 yrs 8 mos 21 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

and that death occurred, on the date stated above, at 10:00 P.M.

8 OCCUPATION OF DECEASED (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 \_\_\_\_\_

The CAUSE DEATH\* was as follows:  
Cervical adenitis (upper part)

9 BIRTHPLACE (City or town) \_\_\_\_\_ (State or Country) Missouri

Double pneumonia & meningitis

10 NAME OF FATHER Charles R. Rogers

Probably all secondary to influenza  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. x da.

11 BIRTHPLACE OF FATHER \_\_\_\_\_ (State or Country) New York

Contributory Meningitis & Pneumonia  
(Secondary) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 da.

12 MAIDEN NAME OF MOTHER Violet Coal

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

13 BIRTHPLACE OF MOTHER \_\_\_\_\_ (State or Country) Indiana

Did an operation precede death? Yes Date of 5-8-28

14 Informant Violet E. Rogers

Was there an autopsy? no opened & examined

Address 64 So. 13th East, Philadelphia

What test confirmed diagnosis? Physical exam

15 Filed May 11 1928 Nils Lind Registrar

(Signed) J. D. Alley M. D.  
5-11-1928 (Address) Windsor Hotel

Registered-Number \_\_\_\_\_ No. of Burial or Removal Permit \_\_\_\_\_

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Hotel, Salt Lake City DATE OF BURIAL May 12 1928

21 18 23 18

20 UNDERTAKER Windsor Hotel ADDRESS Salt Lake City

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE