

1 PLACE OF DEATH

County Box Elder

State Board of Health File No. 170

STATE OF UTAH—DEATH CERTIFICATE 674

Precinct _____

or Village _____

City Progham (No. 43, So. 1st East St.; 1st Ward)

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

2 FULL NAME William Horsley

(a) Residence. No. 63 So. 1st East St., 1st Ward.

(Usual place of abode) Length of residence in city or town where death occurred 41 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of Elizabeth Welsh Basky (or) WIFE of _____

6 DATE OF BIRTH Nov. 20, 1872 (Month) (Day) (Year)

7 AGE Years 78 Months _____ Days 8 If LESS than 1 yr., _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work General Merchant & Shipper (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

9 BIRTHPLACE (city or town) England (State or country)

10 NAME OF FATHER John Basky

11 BIRTHPLACE OF FATHER England (State or country)

12 MAIDEN NAME OF MOTHER Susan Clements

13 BIRTHPLACE OF MOTHER England (State or country)

14 Informant Ernest Horsley (Address) Progham

15 Filed Dec 1 1920 by Mr. Esther Clough REGISTRAR

REGISTERED NUMBER 63

NO. OF BURIAL PERMIT 71

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 28, 1920 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 1, 1920 to Nov 28, 1920 that I last saw him alive on Oct 1, 1920

and that death occurred, on the date stated above, at 8:10 p.m. The CAUSE OF DEATH* was as follows:

Cephalitis caused from enlarged prostate (duration) 3 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) prostate (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Microscopic (Signed) A. Rooley, M. D.

Nov 29, 1920 (Address) Progham

* 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.)

19 PLACE OF BURIAL, CREMATION, OR RE-MOVAL Progham DATE OF BURIAL Dec 1920

20 UNDERTAKER Jesse Brooks ADDRESS Progham

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE.

V. S. No. 93 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.