

1 PLACE OF DEATH 0 3 1 0 2 6 9 1

State Board of Health File No. 1569

County Salt Lake

STATE OF UTAH-DEATH CERTIFICATE

Precinct

Village or

City Salt Lake

No. L. D. S. Hospital St.

Ward { [If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME Hugh Jenne Cannon

(a) Residence. No. 2304 So. 7th East St.

Length of residence in city or town where death occurred 58 mos. 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 Married

5a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Sarah R. Cannon

3 DATE OF BIRTH Jan. 19, 1870

7 AGE 61 yrs. 8 mos. 17 ds. If LESS than 1 day, hrs. or min.?

5 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Editor (b) General nature of industry, business, or establishment in which employed Improvement Era (c) Name of Employer L. D. S. Church

9 BIRTHPLACE (City or town) Salt Lake City (State or Country) Utah

10 NAME OF FATHER Geo. Q. Cannon

11 BIRTHPLACE OF FATHER (State or Country) England

12 MAIDEN NAME OF MOTHER Sarah Jenne

13 BIRTHPLACE OF MOTHER (State or Country) Canada

14 Informant Prof Cannon Address 1441 Yale Ave

15 Filed Oct. 8 1931 W. Christie Registrar

Registered Number 1582 No. of Burial or Removal Permit 1582

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 6th, 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1931, to Oct. 6, 1931 that I last saw him alive on Oct 6, 1931

and that death occurred, on the date stated above, at 12:25 AM The CAUSE DEATH* was as follows:

Chronic Myocarditis

Contributory (Duration 10 yrs) Acute sup. Phlebitis of stone (Secondary) Phlebitis, 15 yrs

18 Where was disease contracted if not at place of death? Salt Lake City

Did an operation precede death? Yes Date of Sept 20/31

Was there an autopsy? No

What test confirmed diagnosis? P.E. (Signed) Howard C. Anderson M.D. Oct 6, 1931 (Address) 401 Medical Bldg

*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.)

18 PLACE OF BURIAL CREMATION, OR DATE OF BURIAL City Cemetery Salt Lake City Oct. 9, 1931

20 UNDERTAKER Deseret Mortuary ADDRESS 36 E. 17th So.

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE J. O'Hara

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.