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N. B.—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 1 2 0 1 0 3 9 State Board of Health
Township _____
or
Village _____
or
City Salt Lake (No. 769, So. 2nd. East St 2 St.)

STATE OF UTAH—DEATH C

2 FULL NAME Rosannah Reynolds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow
6 DATE OF BIRTH Nov 30 1822 (Month) (Day) (Year)		
7 AGE 89 yrs 9 mos 26 ds. If LESS than 1 day, hrs. or min.?		
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed for employer. None		
9 BIRTHPLACE (State or Country) England		
10 NAME OF FATHER James Hunting		
11 BIRTHPLACE OF FATHER (State or Country) England		
12 MAIDEN NAME OF MOTHER Elizabeth Kings		
13 BIRTHPLACE OF MOTHER (State or Country) England		

MEDICAL CERTIFICATE

16 DATE OF DEATH Sent
(Month)

17 I HEREBY CERTIFY, That I last saw her alive on Sept 26, 1912, to and that death occurred, on the date Sept 27, 1912.
The CAUSE OF DEATH* was as follows:
Senile Delirium

(Duration) _____

Contributory (secondary) _____ (Duration) _____

(Signed) E. E. Smith
Sept 27 1912 (Address) St. _____

*State the DISEASE CAUSING DEATH, or state (1) MEANS OF INJURY; and (2) if HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Langston
(Address) 769 - So 2nd East St Salt Lake

18 LENGTH OF RESIDENCE (FOR HOSPITAL OR REGENT RESIDENTS.)
At place of death _____ yrs _____ mos _____ ds. 3
Where was disease contracted, if not at place of death?
Former or usual residence _____

15 Filed 9/28 1912 REGISTRAR
REGISTERED NUMBER H-1135 NO. OF BURIAL PERMIT R 945

19 PLACE OF BURIAL OR REMOVAL
City Cemetery
20 UNDERTAKER
W. M. Taylor & Co.

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

County Salt Lake 1-201839
 Township of Salt Lake STATE OF UTAH—DEATH CERTIFICATE 5743
 Village of Salt Lake (No. 769, 80. 2nd. East St. 2. S. 1. Ward)
 City of Salt Lake ROSEANNAH REYNOLDS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 26 1912
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1912, to Sept. 26, 1912
 that I last saw her alive on Sept. 26, 1912
 and that death occurred, on the date stated above, at 5.30 a.m.
 The CAUSE OF DEATH was as follows:
Senile Debility

PERSONAL AND STATISTICAL PARTICULARS

18 SEX Female 19 COLOR OR RACE White 20 SINGLE, MARRIED, WIDOWED OR SEPARATED Widow
 (If the widow)

21 DATE OF BIRTH Nov. 30, 1822
 (Month) (Day) (Year)

22 AGE 89 yrs. 9 mos. 26 ds. IF LESS than 1 day, _____ hrs. or _____ min.

23 OCCUPATION None
 (a) Trade, profession or particular kind of work
 (b) General category of industry, business, or establishment to which employed (or employer)

24 BIRTHPLACE England
 (State or Country)

25 NAME OF FATHER James Hunting
 (Name or Country)

26 BIRTHPLACE OF FATHER England
 (State or Country)

27 MAIDEN NAME OF MOTHER Elizabeth Kings
 (State or Country)

28 BIRTHPLACE OF MOTHER England
 (State or Country)

29 THE ABOVE TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Elizabeth W. Young
 (Address) 769 - 10 1/2 St. Salt Lake

30 REGISTERED NUMBER 41133 NO. OF ORIGINAL DEATH CERTIFICATE 12920

31 CONTRIBUTORY (Cause) E. E. Williams, M.D.
 (Signed) Sept. 27, 1912, (Address) 207 Temple Block

32 MAKE THE DEATHS CAUSING DEATH, OR, IN DEATHS FROM VENUE OF CAUSE, STATE (1) NATURE OF INJURY AND (2) WHETHER ACCIDENTAL, SPECIAL OR HOSPITAL.

33 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RESIDENT MEMBERS.)
 At place _____ yrs. _____ mos. _____ ds. In the _____ yrs. _____ mos. _____ ds.
 (Specify dates incurred, and place of death)

34 PLACE OF BURIAL OR REMOVAL City Cemetery DATE OF BURIAL Sept. 29, 1912

35 UNDER TAKER W. W. Anderson ADDRESS City

4. Every item of information should be carefully verified. Age should be stated EXACTLY. PHYSICIAN 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.