

PLACE OF DEATH

County Salt Lake

State Board of

Township

STATE OF UTAH - DEATH

Village

City Salt Lake

(No. 769 So. 7th Ea St)

FULL NAME Emma Arnold

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE

SEX Female COLOR OR RACE White MARRIAGE STATUS Widowed

DATE OF DEATH

DATE OF BIRTH Oct 6 1850

I HEREBY CERTIFY that I last saw her alive and that death occurred, on

AGE 61 yrs 1 mo 24 da

Nov 18, 1911

OCCUPATION None

CAUSE OF DEATH Chronic

BIRTHPLACE England

NAME OF FATHER Wm Smith

Contributory Cause Dilated

BIRTHPLACE OF FATHER England

MAIDEN NAME OF MOTHER Hannah Huntington

(Signed) E. E. ... Dec 2, 1911

BIRTHPLACE OF MOTHER England

* State the DISEASE CAUSING state (1) NAME OF INJURY: HOMICIDAL.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Elizabeth Langston (Address) 769 So 7th Ea

LENGTH OF RESIDENCE (Recent Residents) At place of death ... yrs ... mos. Where was illness contracted? If not at place of death? Former or usual residence

FILED BY Samuel B. ... REGISTRAR

PLACE OF BURIAL OR REMEMORY City Cem

REGISTERED NUMBER G-1426

NO. OF BUNIAL PERMIT E-1183

UNDERTAKER W. M. ...

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

Village of North Lake
City of North Lake (No. 769)
Ward 1

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

Emma Arnold

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX Female MARRIED Widow
SINGLE OR SEPARATED OR DIVORCED (Specify the reason)

DATE OF BIRTH Oct 6 1850
(Month) (Day) (Year)

AGE 61 yrs. 1 mo. 24 ds.
IF LESS than 1 day or less than 1 mo.

OCCUPATION None
(a) Trade, profession or particular kind of work
(b) General nature of industry, institution, or establishment in which employed (or employer)

BIRTHPLACE (State or country) England

10 NAME OF FATHER Wm. Quinlan

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER Randy Quinlan

13 BIRTHPLACE OF MOTHER (State or country) England

IS THE ABOVE IN TRUE TO THE BEST OF MY KNOWLEDGE (Infernal) Elizabeth Langworthy
(Address) 769 - 20 - 2nd Ave.

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Nov 20 1911
(Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from Nov 18 1911 to Nov 20 1911 that I last saw her alive on Nov 30 1911 and that death occurred, on the date stated above, at 6:15 P.M.

The CAUSE OF DEATH* was as follows:
Lobaria Pylorica

Contributory (Cause) Dilatation of Heart

(Signed) Edw. Wilcox M. D.
Dec 7, 1911 (Address) 407 Templeton

* State the disease causing death, or, in deaths from violent causes state (1) means of injury; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

16 LENGTH OF RESIDENCE IN HOSPITAL, INSTITUTION, TRAINING, OR RECOVERY HOSPITAL

At place of death Ill State Ill
Where was disease contracted? If not at place of death?

Former of usual residence

17 PLACE OF BURIAL OR REMOVAL St. Mary's & DATE OF BURIAL