

Elizabeth Mitchell 1846-1935 Death Cert

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.

1003501601

State Board of Health File No. **375**

1 PLACE OF DEATH
 County Salt Lake STATE OF UTAH
 Precinct _____
 Town or City Salt Lake No. 1353 Emerson Ave. St. _____ Ward _____

2 FULL NAME Elizabeth Mitchell Horrocks

3 Residence: No. 1353 Emerson Ave. St. _____

LENGTH OF RESIDENCE:
 (a) In City or town where death occurred 40 yrs. mos. ds. (b) In Utah 80 yrs. mos. ds. (c) In U.S. if of foreign birth 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female **5 COLOR OR RACE** White **6 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widow

7 DATE OF BIRTH April 14 1846
 (month, day, and year) **8 AGE** 88 10 10 **9 OCCUPATION OF DECEASED** At home

10 BIRTHPLACE (City or town) England
 (State or Country)

11 NAME OF FATHER Haze Mitchell

12 BIRTHPLACE OF FATHER England
 (State or Country)

13 MOTHER NAME OF MOTHER Sarah Mallison

14 BIRTHPLACE OF MOTHER England
 (State or Country)

15 INFORMANT (Signature) Mrs. H. Cannon
 Address 1353 Emerson Ave.
16 BURIAL City Cemetery Date Feb. 27 1935

17 UNDERTAKER Larkin Mortuary Co.
 Address Salt Lake City Utah

18 FILED 2-27-35 L. S. Johnson M. D.
 REGISTRAR

REGISTERED NUMBER 368

MEDICAL CERTIFICATE OF DEATH

19 DATE OF DEATH Feb. 24 1935
 (month, day, and year)

20 I HEREBY CERTIFY That I attended deceased from Jan 1 1932 to Feb 24 1935.
 I last saw her alive on Jan 10 1935.
 death occurred on the date stated above, at 12:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis

Other contributory causes of importance:
Chronic Fungus Conditions

If operation, date of _____
 Condition for which performed _____
 Was there an autopsy? Yes

If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Yes Date of injury _____
 Where did injury occur? _____
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

bbgunnette originally shared this to [Pulsipher/Johnson Family Tree](#)

17 Aug 2012 Document / Certificate

http://image2.findagrave.com/photos/2011/288/73178292_131878484698.jpg

gerberalady923 added this to [Moore Family Tree](#)

21 Aug 2013