

Lorenzo Frank Horrocks Death Cert

Every item of information should be carefully checked. Physicians should note cause of death in plain terms, that it may be properly classified. Exact statement of occupation is very important.

FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		CERTIFICATE OF DEATH		STATE FILE NO. 50-180863
BIRTH NO. 143 5 0 0 1 8 8 0		UTAH		REGISTRAR'S NO. 923
1. PLACE OF DEATH a. COUNTY Salt Lake		2. USUAL RESIDENCE (Where deceased lived, if institution; residence a. STATE Utah b. COUNTY Salt Lake (before admission))		
b. CITY (If outside corporate limits, write RURAL) OR TOWN Salt Lake City		c. LENGTH OF STAY (In days, plus fraction) 04 16 1/2		
3. FULL NAME OF (If not in hospital or institution, give st. address or loc.) HOSPITAL OR INSTITUTION 165 Canyon Road		d. STREET ADDRESS (If rural, give location) 165 Canyon Road		
3. NAME OF DECEASED a. (First) LORENZO FRANK HORROCKS		b. (Middle) (Last)		
c. (Type or First)		4. DATE OF DEATH (Month) (Day) (Year) May 9th 1950		
5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH (Month) (Day) (Year) May 17 1897		
9. USUAL OCCUPATION (Give kind of work done most of working life, even if retired)		10. KIND OF BUSINESS OR INDUSTRY Salt Lake City		
11. BIRTHPLACE (City and State or foreign country)		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Edward Gregory Horrocks Birthplace England		14. MOTHER'S MAIDEN NAME Elizabeth Mitchell Birthplace England		15. HUSBAND'S OR WIFE'S NAME Daisy Grames Horrocks
16. WAS DECEASED ever in U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date of service)		17. SOCIAL SECURITY No. 528-03-0486		18. INFORMANT and ADDRESS Walter Horrocks
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION 1231 McClelland Street		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown but natural		INTERVAL BETWEEN ONSET AND DEATH Not known		
*This does not mean the mode of dying, such as heart failure, embolism, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES 7954 DUE TO (b) _____ DUE TO (c) _____		
III. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION		
23a. ACCIDENT (Specify)		23b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		23c. CITY OR TOWN (Specify)
24. TIME (Month) (Day) (Year) (Hour) OF INJURY		25. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		
26. HOW DID INJURY OCCUR?		27. (Specify)		
28. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____, 19____, FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
29. SIGNATURE (Degree or title) L. J. McQuinn M.D.		30. ADDRESS 204 E. So. Temple		31. DATE SIGNED 5-10-50
32. BURIAL CEMETERY REMOVAL (Specify)		33. DATE 5-19-50		34. NAME OF CEMETERY OR CREMATORY Salt Lake City Cemetery
35. LOCATION (City, town, or county) (State) Salt Lake City Utah		36. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS (LARKIN MONTGOMERY - Salt Lake, Utah) Sheebee Funeral Director's No. 321 Embalmer's No. 321		
DATE RECD BY LOCAL REG. 5-23-50		REGISTRAR'S SIGNATURE J. Johnson M.D.		

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

17 Aug 2012 Document / Certificate

http://images.archives.utah.gov/data/81448/2224904/2224904_0000256.jpg

Salt Lake City, Salt Lake Co, Utah, USA

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

21 Aug 2013