

1. PLACE OF DEATH  
 County Salt Lake STATE OF UTAH State Board of Health File No. 368  
 Precinct #2. CERTIFICATE OF DEATH 624  
 or  
 Town or City Salt Lake City No. 125 Commonwealth Ave. Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Alice Louise Fairclough  
 3. Residence No. 125 Common Wealth Av. St.  
 (Usual place of abode) (If non-resident give city or town and State)

(a) Length of residence in city or town where death occurred.

Years Months Days  
50

(b) How long in U. S., if of foreign birth?

Years Months Days  
50

## PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOW, ED. or DIVORCED (Write the word) WIDOW

19 DATE OF DEATH Feb 15 1937  
 (month, day, and year)

6a If Married, Widowed, or Divorced  
 HUSBAND OF James Fairclough  
 (or) WIFE OF

20 I HEREBY CERTIFY That I attended deceased from  
Jan 1 1934 to Feb. 15 1937

7 DATE OF BIRTH (month, day, and year) March 20, 1859

I last saw her alive on Feb. 15 1937

8 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min.  
77 10 25

death occurred on the date stated above, at 9:00 a. m. Duration

The principal cause of death and related causes of importance were as follows:

9 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work done, as engineer (type of), miser, bookkeeper, etc. Housewife  
 (b) Industry or business in which work was done, as railway, misc (kind of), bank, etc.  
 (c) Date deceased last worked at this occupation (month and year)  
 (d) Total time (years) spent in this occupation

Chronic Myocarditis  
(31)

Other contributory causes of importance:  
Dropsy

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

11 NAME OF FATHER James Kay

12 BIRTHPLACE OF FATHER  
 (State or Country) England

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER  
 (State or Country) England

15 INFORMANT (Signature) Paul H. Myer  
 Address 919 East 5th So

If operation, date of \_\_\_\_\_  
 Condition for which performed \_\_\_\_\_

Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place: \_\_\_\_\_

16 BURIAL, CREMATION, OR REMOVAL  
 Place City Cemetary Date 2/19/37 1937

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

17 UNDERTAKER Olsen Mortuary  
 Address Salt Lake City, Utah

Was disease or injury in any way related to occupation of deceased? no

18 FILED 2/19 1937 S. H. Myer  
 Registrar

If so, specify \_\_\_\_\_

(Signed) H. L. H. O. O. O.

REGISTERED NUMBER 5321

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.