

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.

210 PLACE OF DEATH   2 0 4 0 2 2 County <u>Salt Lake</u> State Board of Health File No. <u>489</u> Township <u>Herriman</u> STATE OF UTAH—DEATH CERTIFICATE or <u>Foot</u> <u>Wm. Hamblin Freeman</u> Village <u>Herriman</u> City (No. _____ St.; _____ Ward) or _____ 2 FULL NAME <u>Wm. Hamblin Freeman</u>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Married</u>
6 DATE OF BIRTH <u>Dec 22, 1832</u>		16 DATE OF DEATH <u>April 9, 1912</u> (Month) (Day) (Year)
7 AGE <u>79 yrs. 3 mos. 15 ds.</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>April 5, 1912</u> , to <u>April 8, 1912</u> , that I last saw him alive on <u>above date</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>5:30 p.m.</u>
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Stock Raiser</u> (b) General nature of industry, business, or establishment in which employed (or employer)		The CAUSE OF DEATH* was as follows: <u>Paralysis - Strike</u>
9 BIRTHPLACE (State or country) <u>Kentucky</u>		(Duration) _____ yrs. _____ mos. <u>3</u> ds.
PARENTS	10 NAME OF FATHER <u>John Freeman</u>	Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>	(Signed) <u>C. J. Ferguson</u> M. D. <u>Physician</u> (Address) <u>Provo, Utah</u>
	12 MAIDEN NAME OF MOTHER <u>Nancy B. Smith</u>	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State <u>30</u> yrs. _____ mos. _____ ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Wm. H. Freeman Jr.</u> (Address) <u>Provo, Utah</u>		Where was disease contracted, if not at place of death? Former or usual residence _____
15 Filed <u>April 10, 1912</u> <u>Emma S. Hall</u> REGISTRAR		19 PLACE OF BURIAL OR REMOVAL <u>Herriman</u>
21 REGISTERED NUMBER <u>10</u>		20 UNDERTAKER <u>S. M. Taylor</u>
22 NO. OF BURIAL PERMIT <u>10</u>		DATE OF BURIAL <u>April 11, 1912</u>
		ADDRESS <u>Midvale Utah</u>

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE