

2259766_0000236

228

UNFADING INK—THIS IS A PERMANENT RECORD. It should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of in plain terms, so that it may be properly classified. See instructions on back of certificate.

1 PLACE OF DEATH 03001181 State Board of Health File No. 55
565
 County Millard **STATE OF UTAH—DEATH CERTIFICATE**
 Precinct Delta Margaret Phoebe Freeman Damron
 City No. St. Ward {If death occurred in a hospital or institution give its NAME instead of street and number.}

2 FULL NAME Margaret Phoebe Freeman Damron
 (a) Residence No. St. (If NON-RESIDENT GIVE CITY OR TOWN AND STATE)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>	16 DATE OF DEATH <u>October 30</u> 19 <u>30</u> (Month) (Day) (Year)	
6a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF <u>Joseph Warren Damron</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 17</u> , 19 <u>30</u> , to <u>Oct 30</u> , 19 <u>30</u> , that I last saw her alive on <u>Oct 7</u> , 19 <u>30</u> , and that death occurred, on the date stated above, at <u>5:30 AM</u> . The CAUSE DEATH* was as follows: <u>Debility</u>	
6 DATE OF BIRTH <u>Sept 27</u> , 18 <u>40</u> (Month) (Day) (Year)	7 AGE <u>90</u> yrs. <u>1</u> mos. <u>3</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?	8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Own home</u> (c) Name of Employer	18 Where was disease contracted if not at place of death? Contributory <u>None</u> (Secondary) (Duration) ___ yrs ___ mos ___ ds.	
9 BIRTHPLACE (City or town) (State or Country) <u>Elmwood</u> <u>Illinois</u>	10 NAME OF FATHER <u>John Freeman</u>	11 BIRTHPLACE	18 Where was disease contracted if not at place of death? (Duration) ___ yrs ___ mos ___ ds.	

N. B.—WRITE PLAINLY WITH Every item of information, shot should state CAUSE OF DEATH OCCUPATION is very important

PARENTS		12 MAIDEN NAME OF MOTHER <i>Nancy Pearl Smart</i>	17 Was there an autopsy? <i>yes</i>
11 OF FATHER (State or Country) <i>United States</i>		13 BIRTHPLACE OF MOTHER (State or Country) <i>United States</i>	What test confirmed diagnosis? <i>Chemical</i>
14 Informant <i>Joseph W. Dameron</i>		(Signed) <i>Wallace H. Wright, M. D.</i>	
Address <i>Ball Lake City, Utah</i>		<i>Oct 30, 1930</i> (Address) <i>Salt Lake</i>	
15 Filed <i>Oct 30 1930</i> Registrar <i>Florence M. Pace</i>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)	
Registered Number	No. of Burial or Removal Permit	19 PLACE OF BURIAL, CREMATION, OR REMOVAL <i>Deseret, Utah</i>	DATE OF BURIAL <i>Nov. 1 1930</i>
21 <i>14</i>	22 <i>14</i>	20 UNDERTAKER <i>none</i>	ADDRESS

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

2260101_0000440

431

003504304

MARGIN RESERVED FOR BINDING

THE UNFADING INK—THIS IS A PERMANENT RECORD. It should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of cause of death. See instructions on back of certificate.

STATE OF UTAH
CERTIFICATE OF DEATH
 State Board of Health File No. 422
642

1 PLACE OF DEATH
 County Utah
 Precinct _____
 Town or City Provo No. _____ St. _____ Ward _____
(Usual place of abode) (If death occurred in a hospital or institution, give the NAME instead of street and number)

2 FULL NAME Martha Jane Freeman Charlesworth

3 Residence: No. 566 North 4th, East Provo St. _____
(Usual place of abode) (If non-resident give city or town and State)

LENGTH OF RESIDENCE:
(a) In city or town where death occurred 11 yrs. 0 mos. 0 ds. (b) In Utah yrs. mos. ds. (c) In U.S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

7a If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF Thomas Charlesworth

7 DATE OF BIRTH Feb. 26, 1887
(month, day, and year)

8 AGE Years 87 Months 7 Days 5 If LESS than 1 day, ___ hrs. or ___ min. 7

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

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

11 NAME OF FATHER John Freeman

12 BIRTHPLACE OF FATHER Missouri
(State or Country)

MEDICAL CERTIFICATE OF DEATH

19 DATE OF DEATH Oct. 1, 1935
(month, day, and year)

20 I HEREBY CERTIFY, That I attended deceased from Oct 1 -, 1935, to _____, 19___; I last saw her alive on Oct 1 -, 1935. death occurred on the date stated above, at 11:20 P. The principal cause of death and related causes of importance were as follows:
Pneumonia - old age
old age

Duration
 Yrs. mos. Ds.

Other contributory causes of importance:
old age

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

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

N. B.—WRITE PLAINLY WI
Every item of information
should state CAUSE OF DI
OCCUPATION is very impo

13 MAIDEN NAME OF MOTHER Nancy Beal smoot

14 BIRTHPLACE OF MOTHER (State or Country) Missouri

15 INFORMANT (Signature) Geo. Chabruath
Address 1-66 No 4 East Provo

16 BURIAL, CREMATION, OR REMOVAL
Place Kanosh Utah Date Oct. 5, 1935

17 UNDERTAKER Hatch mortuary
Address provo Utah.

18 FILED NOV 2, 1935 L. M. Smith
REGISTRAR.

REGISTERED NUMBER 156

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.

Manner of injury _____

Nature of injury _____

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

If so, specify _____
(Signed) Geo. Chabruath (M. D.)
Oct 4 1935 Address Provo Utah

2229368_0000159

158

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 | 204022

IPLAGE OF DEATH | STATE OF UTAH—DEATH CERTIFICATE

County Salt Lake State Board of Health File No. 489
 Township Herriman or East Herriman City Wm. Hamblin Freeman (If death occurred in a hospital or institution, give its NAME instead of street and number.)

3 FULL NAME Wm. Hamblin Freeman

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 (Write the word) <u>Married</u>	16 DATE OF DEATH <u>April 9, 1912</u> (Month) (Day) (Year)		
6 DATE OF BIRTH <u>Dec 22, 1832</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>April 8, 1912</u> , to <u>April 8, 1912</u> , that I last saw him alive on <u>same date, 1912</u> , and that death occurred, on the date stated above, at <u>5:30 p.m.</u>		
7 AGE <u>79</u> yrs. <u>3</u> mos. <u>15</u> ds.			IF LESS than 1 day, --- hrs. or --- min.?		
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 - Stroke</u>		
9 BIRTHPLACE (State or country) <u>Kentucky</u>			(Duration) --- yrs. --- mos. <u>7</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>E. J. Ferguson</u> M. D.		
	12 MARRIEN NAME OF MOTHER <u>Mary B. Smith</u>		<u>1920</u> (Address)		
13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Wm. H. Freeman Jr.</u> (Address) <u>Herriman</u>			18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death --- yrs. --- mos. --- ds. to the State <u>20</u> yrs. --- mos. --- ds. Where was disease contracted? If not at place of death? Former or usual residence		
15 Filed <u>April 10, 1912</u> <u>Herriman Utah</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Herriman</u>		DATE OF BURIAL <u>April 11, 1912</u>
21 REGISTERED NUMBER <u>10</u>			20 UNDERTAKER <u>S. M. Taylor</u>		ADDRESS <u>Herriman Utah</u>
22 NO. OF BURIAL PERMIT <u>10</u>					

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE