

PLACE OF DEATH

County Davis

State Board of Health File No. 51

Township _____

STATE OF UTAH—DEATH CERTIFICATE 200

Village Lebanonville

William Kelsy Rice

City _____ (No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give the NAME thereof and street number.)

FULL NAME William Kelsy Rice

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED DIVORCED OR SEPARATED Married

DATE OF DEATH July 6th, 1918

DATE OF BIRTH Oct 27, 1882

I HEREBY CERTIFY, That I attended deceased from none, 1917 to none, 1917

AGE 30 yr 8 mo 10 da

that I last saw alive on July 4 months ago, 1918, and that death occurred, on the date stated above, at 12 hr.

OCCUPATION (a) Trade, profession or particular kind of work Agriculturist

The CAUSE OF DEATH* was as follows: Exhaustion due to
decreased mental capacity,
No physician in attendance
at time of death

BIRTHPLACE (State or country) Manchester New York
Mass

Contributory Myocardial degeneration
with Arrhythmia
Name Dr. Kester M.D.
July 9th 1918 (Address) Bountiful Utah

PARENTS
10 NAME OF FATHER Ira Rice
11 BIRTHPLACE OF FATHER (State or country) Richshire Vermont
12 MAIDEN NAME OF MOTHER Amanda Jackson
13 BIRTHPLACE OF MOTHER (State or country) Windsor Vermont

* Give the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MANNER OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informed) Oliver J. Pincus
(Address) Lebanonville

15 LENGTH OF RESIDENCE (Was hospital, institution, transient, or recent resident?)
At place of death _____ yrs _____ mo _____ da. In the _____ yrs _____ mo _____ da.
When was disease contracted, if not at place of death?
Former or usual residence _____

15 Sept 1918 Dr. A. Dalrymple

16 PLACE OF BURIAL OR REMOVAL Farmington DATE OF BURIAL _____ 1918

17 REGISTERED CORONER 3 18 REG. OF BURIAL BOARD 4

19 UNDERTAKER Holbrook Sweden ADDRESS Bountiful

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

N. B.—Every item of information should be carefully and exactly stated. AGE should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION should be stated EXACTLY. 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.

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