

PLACE OF DEATH *Lucinda Crockett*
 County *Cache* State Board of Health File No. *234*
 Township _____
 Village _____
 City *Logan* (No. *1657* Cont. *2* St.; *2* Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)
 FULL NAME *Lucinda Crockett*

STATE OF UTAH—DEATH CERTIFICATE

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Widow</i>	18 DATE OF DEATH <i>Dec 11</i> , 191 <i>5</i> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from _____, 191 <i>5</i> , to _____, 191 <i>5</i> , that I last saw her alive on <i>12-11-15</i> , 191 <i>5</i> , and that death occurred, on the date stated above, at _____. The CAUSE OF DEATH* was as follows: <i>Cerebral Hemorrhage</i>
8 DATE OF BIRTH <i>Sept 1</i> , 1874, 12/16 (Month) (Day) (Year)	7 AGE <i>41</i> yrs. <i>3</i> mos. <i>11</i> ds. IF LESS than 1 day, hrs. or min.?	9 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death: _____ yrs. _____ mos. _____ ds. In the State: _____ yrs. _____ mos. _____ ds. Where was disease contracted? _____ If not at place of death: _____ Former or usual residence: <i>Logan</i>	
10 BIRTHPLACE (State or country) <i>New York</i>	11 NAME OF FATHER <i>David Ellsworth</i>	12 BIRTHPLACE OF FATHER (State or country) <i>U.S.A.</i>	13 MOTHER'S NAME <i>Not known</i>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>W. Crockett</i> (Address) <i>Logan</i>
11 BIRTHPLACE OF MOTHER (State or country) <i>U.S.A.</i>	12 MOTHER'S NAME <i>Not known</i>	13 BIRTHPLACE OF MOTHER (State or country) <i>U.S.A.</i>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____	15 PLACE OF BURIAL OR REMOVAL <i>Logan Cemetery</i> DATE OF BURIAL <i>Dec 15 1915</i>
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____	16 REGISTERED NUMBER <i>103</i>	17 NO. OF BURIAL PERMIT <i>103</i>	18 UNDERTAKER _____	19 ADDRESS _____

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

SDH-BVR 94 (9/96)

Date Issued:

Barry E Nangle

Barry E. Nangle
 DIRECTOR OF VITAL RECORDS

DEC 30 2003
 SL 308112

