

MARGIN RESERVED FOR BINDING

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.

1. PLACE OF DEATH
County Weber
Precinct _____
Town or City Ogden No. Dee Hospital St. Ward d
STATE OF UTAH
CERTIFICATE OF DEATH

2. FULL NAME Elvera Mary Jackson Rasmussen
3. Residence: No. 4020 Harrison Ave. St. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Usual place of abode)
(a) Length of residence in city or town _____ Years _____ Months _____ Days 5
(b) How long in U. S., if of foreign birth? _____ Years _____ Months _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS
4 SEX Female 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Married

6a If Married, Widowed, or Divorced (or) WIFE OF Arren E. Rasmussen
7 DATE OF BIRTH (month, day, and year) Sept. 29, 1902 Days _____ if LESS than 1 day, _____ hr. or _____ min.?

8 AGE Years 34 Months 11 Days 29
9 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work done, as engineer (type of), Housewife miner, bookkeeper, etc. (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) Manassa (State or Country) Colorado
11 NAME OF FATHER William Jackson (State or Country) _____
12 BIRTHPLACE OF FATHER Nephi, Utah (State or Country) _____
13 MAIDEN NAME OF MOTHER Mary G. Gilbert (State or Country) _____
14 BIRTHPLACE OF MOTHER Jordan, Utah (State or Country) _____

15 INFORMANT (Signature) W. E. Rasmussen Address 4020 Harrison
16 BURIAL, CREMATION, OR REMOVAL. Place Mount Ogden Cemetery Date Oct. 1, 1937
17 UNDERTAKER Mount Ogden Mortuary Address 836-36th St., Ogden, Utah

18 W. D. Wilson 19 _____ 1937 _____ M.D. Registrar.
REGISTERED NUMBER 1-576

19 DATE OF DEATH (month, day, and year) Sept. 29, 1937

20 I HEREBY CERTIFY, That I attended deceased from November 1937 to Sept 28 1937. I last saw her alive on Sept 28 1937. death occurred on the date stated above, at 12:40 a.m. Duration _____ The principal cause of death and related causes of import- | Yrs. | Mos. | Ds. | sact were as follows: _____

Streptococcus cellulitis left leg
(1942)

Other contributory causes of importance: Chronic myocarditis

If operation, date of _____
Condition for which performed _____

If death was due to external causes (violence) fill in also the following: _____
Accident, suicide, or homicide? Accident Date of injury Sept 15, 1937

Where did injury occur? Ogden, Utah
(Specify city or town, county and State)

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

Manner of injury Bumped leg on corner of the
Nature of injury Abduction of left leg.

Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. D. Wilson 304 E. Cedar Blvd. M.D.
9-28-1937 Address