

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
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elvera Mary Jackson Rasmussen
 3. Residence: No. 4020 Harrison Ave. St. _____
 (Usual place of abode)

(a) Length of residence in city or town where death occurred.	Years	Months	Days
			<u>5</u>

(If non-resident give city or town and State)

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 HUSBAND OF (or) WIFE OF Arren E. Rasmussen

7 DATE OF BIRTH (month, day, and year) Sept. 29, 1902

8 AGE Years 34 Months 11 Days 29 if LESS than 1 day, ____ hrs. or ____ min.?

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
 Undertaker Mount Ogden Mortuary Address 836-36th St., Ogden, Utah

17 UNDERTAKER Mount Ogden Mortuary Address 836-36th St., Ogden, Utah

18 REGISTERED NUMBER 1-576 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 10 The principal cause of death and related causes of import-ance were as follows: Diphtheria & diphtheria left leg (1942) Other contributory causes of importance: Chronic myocarditis (may) If operation, date of _____ Condition for which performed _____ Was there an autopsy? No 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. E. Rasmussen M.D. Address 304 E. Cedar Blvd 9-28-1937

State Board of Health File No. 1003
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STATE OF UTAH
 CERTIFICATE OF DEATH