

DEPARTMENT OF HEALTH

20

State Board of Health File No. 142

STATE OF UTAH—DEATH CERTIFICATE

1 PLACE OF DEATH

County Utah  
 Precinct Orem  
 Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

{ If death occurred in a hospital or institution give its NAME instead of street and number. }

2 FULL NAME Julia Ekins Loveless

(a) Residence No. R. F. D. No 2 St. \_\_\_\_\_  
 (USUAL PLACE OF ABODE)

Length of residence in city or town where death occurred yrs. mos. 2 ds. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)  
 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF James A. Loveless

6 DATE OF BIRTH Aug. 21 1933  
 (Month) (Day) (Year)

7 AGE 76 yrs. 4 mos. 18 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. ?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of Employer \_\_\_\_\_

9 BIRTHPLACE (City or town) Goshen (State or Country) Utah

10 NAME OF FATHER Geo. Ekins

11 BIRTHPLACE OF FATHER (State or Country) England

12 MAIDEN NAME OF MOTHER Ellen Sykes

13 BIRTHPLACE OF MOTHER (State or Country) England

14 Informant J. A. Loveless Address R. F. D. No 2 Provo

15 Filed Jan 14 1933 Florence Hanson Registrar

Registered Number \_\_\_\_\_ No. of Burial or Removal Permit \_\_\_\_\_

21 \_\_\_\_\_ 22 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 9 33  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933 to Jan 9, 1933 that I last saw him alive on Jan 9, 1933

and that death occurred, on the date stated above, at 7:53 a.m. The CAUSE OF DEATH\* was as follows:

Myocarditis  
Chronic Bright's disease  
 (Duration) yrs. 3 mos. ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) E. Stanley Wilcox, M.D.

Jan 13 1933 (Address) 150 W. 4th St. Provo

\*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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Provo Utah DATE OF BURIAL Jan. 13 1933

20 UNDERTAKER Hatch Mortuary ADDRESS Provo Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE Amson Hatch

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 26-15-26 of the Utah Code Annotated, 1933 as Amended.  
 Date Issued:

NOV 21 1933

John E. Brockert  
 John E. Brockert  
 DIRECTOR OF VITAL STATISTICS



SDH-BIS 94 (12-79)