DEPARTMENT OF HEALTH

State Board of Health File No.

LAGE OF DEATH	Full Name of Deceased (initials only will not be accepted)
ounty of COO	Matilda Koveless
realnot of	To construct the second
ity, Town or Village of	the state of the s
treet and No.	Special information for Hospitals, Institutions, Transfents or Recent Residents:
f in Hospital or Institution, give its name and how long deceased was a nmate.	Former or Usual Residence
Car Access A Land Control Control	
PERSONAL AND STATISTICAL PARTICULARS	How long resident at place of death
EX COLOR LINE	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH 10 8 80 14 15 03	DATE OF DEATH MARS
(Month) (Day) (Year	(Month) (Day) (Year)
on Co	<u>'-</u>
years, months, 3 da	ys I HEREBY CERTIFY, That I attended deceased fro
SINGLE, MARRIED, WIDOWED, OR DIVORCED WILDOW	Oct 1 1908 to Meh 1 190
BIRTHPLACE (C)	that I last saw h alive on The 1 190
State or country)	and that death occurred, on the date stated above, at
FATHER James M Clellan	M. The CAUSE OF DEATH was as follows:
OF FAPHER (MACRICAL DESCRIPTION OF COMMERCE	Ald age
MAIDEN NAME	- Chief Cause OCA OGC
BIRTHPLACE COMMUNICATION	Where contracted Duration Da
OF MOTHER State or country) / america	- Contributory (if any) archiete Deforman
DECUPATION	Contributory (if any) Gramer Defamina
Return remunerative employment for all persons 10 years of age and ove THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST O	
MY KNOWELEDGE AND BELIEF	() to O . I.T
Informant) alocumentory	(Signed) M. I
(Address)	Date Mch 3 1909 Address Provo,
Place of Rusial Roser Fetze Cementer	
09110 1111000	Unila 1999 Stormer
Date of Burial for Warch 4, 1909	Maria 197 Paristra
Indertaker 17 shaw I folls	MO. OF BURIAL PERMIT
Address Ford	7/3/

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. 1953 as Amended. Date Issued:

NOV 21 1980

John E. Brockert DIRECTOR OF VITAL STATISTICS

