

BIRTH NO. 143

UTAH

1. PLACE OF DEATH a. COUNTY Salt Lake		1. USUAL RESIDENCE (Where deceased lived. If institution, institution below admission). a. STATE Utah b. COUNTY Salt Lake	
b. CITY (If outside corporate limits, write RURAL) OR Salt Lake City		c. CITY (If outside corporate limits, write RURAL) OR Salt Lake City	
c. LENGTH OF STAY (this place) 20 years		d. STREET ADDRESS (If rural, give location) 1376 Michigan Ave	
4. FULL NAME OF (If not in hospital or institution, give st. address or loc.) HOSPITAL OR INSTITUTION Highway East 4th So.		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) FRANCIS b. (Middle) E DWARD c. (Last) WALKER		4. DATE OF DEATH July 22, 1949	
7. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1899
9. AGE (In yrs. In parenthesis) 50	10. If Under 14 Mo. <input type="checkbox"/> If Under 1 Yr. <input type="checkbox"/> If under 24 Mo. <input type="checkbox"/>	11. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Director Salt Lake Service		10b. KIND OF BUSINESS OR INDUSTRY Hutchinson Kansas.	
11. FATHER'S NAME L. E. Walker Birthplace Wisconsin		11. MOTHER'S MAIDEN NAME Ann E. Leger Birthplace Paris, France	
12. HUSBAND'S OR WIFE'S NAME Sarah Ruth Walker		13. INFORMANT Mrs. S. Ruth Walker	
14. WAS DECEASED ever in U.S. ARMED FORCES (Yes or unknown) Yes (If yes, give year or date of service) World War I & II		15. SOCIAL SECURITY No.	
16. CAUSE OF DEATH Give only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death.		17. MEDICAL CERTIFICATION Probably crushed chest Broken neck	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21. PLACE OF INJURY (e.g., in or about home, factory, street, office, bldg., etc.) at home	
22. CITY OR TOWN Salt Lake		23. (COUNTY) Utah	
24. TIME (Month) (Day) (Year) (Hour) 7-27-49		25. INJURY OCCURRED White <input type="checkbox"/> Not White <input type="checkbox"/> At Work <input type="checkbox"/> At Home <input type="checkbox"/>	
26. HOW DID INJURY OCCUR? After car struck a truck		27. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
28. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, to _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____, _____, _____, FROM THE CAUSES AND ON THE DATE STATED ABOVE.		29. DATE SIGNED 7-23-1949	
30. SIGNATURE R. Openlow MD		31. ADDRESS City Physician	
32. BURIAL CREMATION BURIAL		33. DATE 7-27-49	
34. NAME OF CEMETERY OR CREMATORY Wasatch Lawn Cem,		35. LOCATION (City, town, or county) Salt Lake City, Utah	
36. DATE REC'D BY July 27, 1949		37. REGISTRAR'S SIGNATURE Gregory M. ...	
38. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Evans and Early 574 East 1st. So. St Salt Lake City, Utah		39. FUNERAL DIRECTOR'S No. 276	

Evans and Early