

1700739
PLACE OF DEATH

County Duchesne State Board of Health File No. _____
Township Bonita STATE OF UTAH—DEATH CERTIFICATE
or Village Mtn Home Hyrum Moroni Mechem
or City _____ (No. _____ St.; Ward _____) [If death a hospital or give its NA of street and

2 FULL NAME Hyrum Moroni Mechem

N. B.—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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> (Write the word)	16 DATE OF DEATH <u>March 14</u> (Month) (Day)	
6 DATE OF BIRTH <u>Aug 20</u> , 18 <u>42</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended decea t, 191 <u> </u> , to _____, that I last saw h_____ alive on _____, and that death occurred, on the date stated above, at <u>2</u> .	
7 AGE <u>W 74</u> yrs. <u>6</u> mos. <u>24</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <u>Paralytic Stroke</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)			<u>no Hr. in attendance</u> (Duration) _____ yrs. _____ mos.	
9 BIRTHPLACE (State or country) <u>Iowa</u>			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. (Signed) <u>Enoch D Lewis Reg</u> 191 <u> </u> (Address) <u>Mtn Home</u>	
PARENTS	10 NAME OF FATHER <u>Ephraim Mechem</u>	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, S IICIDAL.		
	11 BIRTHPLACE OF FATHER (State or country) <u>not known</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mo		
	12 MAIDEN NAME OF MOTHER <u>Polly Kirby</u>	Where was disease contracted, if not at place of death? Former or usual residence <u>Oakley Utah</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>not known</u>			19 PLACE OF BURIAL OR REMOVAL <u>Wanship Summit Co</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E W Mechem</u> (Address) <u>Lake Park Utah</u>			DATE OF BURIA <u>3/22</u>	
15 File <u>March 20 1917</u> Registrar <u>Enoch D Lewis</u>			20 UNDERTAKER <u>Smith Mechem</u>	
21 REGISTERED NUMBER <u>3</u>			22 NO. OF BURIAL PERMIT <u>2</u>	
			ADDRESS <u>Joka</u>	

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE