

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 2600309 State Board of Health File No. 128
 County Cache STATE OF UTAH—DEATH CERTIFICATE
 Precinct _____
 Village _____
 City Logan No. X St. _____ Ward _____

2 FULL NAME Robert Hanna Williams
 (a) Residence No. 346 No. 4 W. Y. St. Vernal, Utah
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
 Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Wh. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Barbara Bingham

6 DATE OF BIRTH July 28, 1865
 (Month) (Day) (Year)

7 AGE 70 yrs. 10 mos. 16 ds. LESS than 1 day, _____ hrs. or _____ min.

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

9 BIRTHPLACE (City or town) North Ogden (State or Country) Utah

10 NAME OF FATHER Robert H. Williams

11 BIRTHPLACE OF FATHER (State or Country) Illinois

12 MAIDEN NAME OF MOTHER Harriet Beusnbark

13 BIRTHPLACE OF MOTHER (State or Country) N.Y.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 14 1926
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 6.1.26, 19, to 6.14.26, 19, that I last saw him alive on 6.5.26, 19, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
 Cause of heart (49)

Contributory _____ (Duration) yrs. 6 mos. ds.

15 Where was disease contracted Vernal, Utah if not at place of death?
 Did an operation precede death? NO Date of _____
 Was there an autopsy? NO
 What test confirmed diagnosis? none
 (Signed) _____ M. D.
 6.18.26, 19 (Address) Salt Lake City, Utah

14 Informant Mrs. R. H. Williams
 Address Logan, Utah.

15 File 418 26 R. H. Williams Registrar
 Registered Number 74 No. of Serial or Removal Form 14

21 74 22 14

18 *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 Logan, Utah. DATE OF BURIAL June 17/26, 19

20 UNDERTAKER _____ ADDRESS Logan, Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE