

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH

Joseph Smith Hall

County Utah

State Board of Health File No.

331

Township _____

STATE OF UTAH—DEATH CERTIFICATE

Village _____

City Springville (No. _____)

St ; 4th Ward

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

FULL NAME Joseph Smith Hall

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH December 12, 1853
(Month) (Day) (Year)

7 61 yrs. 9 mos. 19 ds. (If LESS than 1 day, hrs. or min.?)

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

9 BIRTHPLACE (State or country) Springville Utah

10 NAME OF FATHER Edward Hall

11 BIRTHPLACE OF FATHER (State or country) Connecticut

12 MAIDEN NAME OF MOTHER Nancy Elmore Ballinger

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. O. Hall

(Address) Springville Utah

15 Filed Oct 2 1916 Walter Wheeler REGISTRAR

21 REGISTERED NUMBER 41

22 NO. OF BURIAL PERMIT 41

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Oct 1st, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1916, to Oct 1, 1916,

that I last saw him alive on Sept 28, 1916, and that death occurred, on the date stated above, at 6:15 a.m.

The CAUSE OF DEATH* was as follows:
Softening of brain

(Duration) 3 yrs. 3 mos. 0 ds.

Contributory Rheumatism (SECONDARY)
(Duration) 9 yrs. 6 mos. 0 ds.

(Signed) J. Dunn M. D.
Oct 2, 1916 (Address) Springville

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 6 yrs. 9 mos. 19 ds. In the State 9 yrs. 6 mos. 0 ds.

Where was disease contracted. If not at place of death?

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Springville City Cemetery

DATE OF BURIAL Oct 3, 1916

20 UNDERTAKER Walter Wheeler

ADDRESS Springville City Cemetery