

70

202

UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

14370 06 6013

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME FIRST MIDDLE LAST Spencer Dewey ADAMS		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) Nov. 25, 1970
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White	AGE—LAST BIRTHDAY (YEARS) 72	DATE OF BIRTH (MONTH, DAY, YEAR) June 21, 1898	COUNTY OF DEATH Davis
CITY, TOWN, OR LOCATION OF DEATH Layton	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 389 North Main Street		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Utah	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Bertha Boylin
SOCIAL SECURITY NUMBER 529-16-3669	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Maintenance Worker	KIND OF BUSINESS OR INDUSTRY State Highway Dept.	
RESIDENCE—STATE Utah	CITY, TOWN, OR LOCATION Layton	STREET AND NUMBER 389 North Main St.	

FATHER—NAME FIRST MIDDLE LAST Rufus Adams	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Sarah Ann Hill
INFORMANT—NAME Mrs. Bertha B. Adams	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 389 North Main Street Layton, Utah 84041

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18 IMMEDIATE CAUSE

(a) **Chronic and acute cerebral anoxia**
DUE TO, OR AS A CONSEQUENCE OF:

(b) **Chronic obstructive airway disease and pulmonary emphysema**
DUE TO, OR AS A CONSEQUENCE OF:

(c) **Possible pulmonary CA.**

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O)

Possible pulmonary CA.

AUTOPSY (YES OR NO)
NO

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (1%)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20a

DATE OF INJURY (MONTH, DAY, YEAR)
20b

HOUR
20c

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20d

INJURY AT WORK (SPECIFY YES OR NO)
20e

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20f

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20g

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR) BODY AFTER DEATH (MONTH DAY YEAR) DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED (HOUR)

21a **21b** **21c** **21d** **21e**

CERTIFICATION—MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED

DATE OF DEATH (MONTH DAY YEAR) HOUR OF DEATH (MONTH DAY YEAR) THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) HOUR

22a **22b** **22c** **22d**

CERTIFIER—NAME (TYPE OR PRINT)
Robert F. Bitner

SIGNATURE
Robert F. Bitner MD

DATE SIGNED (MONTH, DAY, YEAR)
28 Nov 70

MAILING ADDRESS—CERTIFIER
312 West Gentile Layton, Utah 84041

BURIAL, CREMATION, REMOVAL (SPECIFY)
23a **Burial**

CEMETERY OR CREMATORY—NAME
23b **Kaysville - Layton**

LOCATION
23c **Kaysville Utah**

DATE (MONTH, DAY, YEAR)
24 **Nov 28, 1970**

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
25 **Lindquist's Kaysville Mortuary 340 N Main-Kaysville, Ut 84037**

FUNERAL DIRECTOR—SIGNATURE
Jarvis W. Jelder

REGISTRAR—SIGNATURE
Hampton H. Trayner M.D.

DATE RECEIVED BY LOCAL REGISTRAR
26 **December 7, 1970**

(State of Utah)
(County of Salt Lake)

The foregoing is a true and correct copy of the original certificate on file in the Utah State Division of Health

March 29, 1972

John E. Brockert
Director of Vital Statistics