

1 PLACE OF DEATH 2 3 0 1 5 3 0

State Board of Health File No. 741

STATE OF UTAH—DEATH CERTIFICATE

County Salt Lake

Precinct

Village

City Salt Lake

No. 615 First Ave., St. Ward

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

2 FULL NAME Henry Magee Adkinson

(a) Residence No. 615 First Ave., Ward. 741-1029

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If Married, Widowed, or Divorced Husband of (or) Wife of Inez R. Adkinson

6 Date of Birth Sept. 1, 1874 (Month) (Day) (Year)

7 Age 48 yrs. 8 mos. 0 ds. If LESS than 1 day hrs. or min.

8 Occupation of Deceased (a) Trade, profession or particular kind of work - Engineer, Mining

(b) General nature of industry, business, or establishment in which employed (or employer) Mining

(c) Name of Employer "Self"

9 Birthplace (City or town) Chicago, Ill (State or Country)

10 Name of Father Elmer Williams Adkinson

11 Birthplace of Father Indiana (State or Country)

12 Maiden Name of Mother Ella R. Magee

13 Birthplace of Mother Ill. (State or Country)

14 Informant Elmer W. Adkinson Address Chicago, Ill

15 Registrar Mary S. Christopher

21 REGISTERED NUMBER J-708

22 NO. OF BURIAL PERMIT 7-1708

MEDICAL CERTIFICATE OF DEATH

16 Date of Death May 1, 1923 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1922, to May 1, 1923 that I last saw him alive on May 1, 1923, and that death occurred, on the date stated above, at 8:50 PM

The CAUSE OF DEATH was as follows: Acute Endocarditis

(following acute Scurvy)

Contributory Pulmonary embolism (Secondary)

18 Where was disease contracted if not at place of death? Yes - New York

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? (Signed) J. H. Kirtley M. D. (Address) 1100 S. Main St. Salt Lake

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Manner and Nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal Chicago, Ill. Date of Burial

20 Undertaker Evans & Early Address Salt Lake

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.