

## STATE OF UTAH—DEATH CERTIFICATE.

THIS CERTIFICATE MUST BE FORWARDED BY LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.

**PLACE OF DEATH**  
 County of Salt Lake  
 Precinct of \_\_\_\_\_  
 City, Town or Village of Salt Lake  
 Street and No. City Jail  
 If in Hospital or Institution, give its name and how long deceased was an inmate

Full Name of Deceased (Initials only will not be accepted)  
Frank H. Wash  
Frank H. Wash  
 Special Information for Hospitals, Institutions, Transients or Recent Residents:  
 Former or Usual Residence \_\_\_\_\_  
 How long resident at place of death \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

SEX male COLOR white  
 DATE OF BIRTH Aug 8 1853  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Jan 31 1906  
 (Month) (Day) (Year)

AGE 52 years, 4 months, 23 days  
 SINGLE, MARRIED, WIDOWED, OR DIVORCED Don't know

I HEREBY CERTIFY That I attended deceased from Jan 12 1906 to Jan 31 1906  
 that I last saw him alive on 20th Jan 1906  
 and that death occurred, on the date stated above, at 3

BIRTHPLACE (State or country) \_\_\_\_\_  
 NAME OF FATHER \_\_\_\_\_  
 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_  
 MAIDEN NAME OF MOTHER \_\_\_\_\_  
 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_  
 OCCUPATION Printer

M. The CAUSE OF DEATH was as follows:  
 Chief Cause renal Debility  
 Where Contracted \_\_\_\_\_ Duration \_\_\_\_\_ Days  
 Contributory (if any) \_\_\_\_\_

Return remunerative employment for all persons 10 years of age and over.  
 THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
 (Informant) Chief of Police  
 (Address) City

Where Contracted \_\_\_\_\_ Duration \_\_\_\_\_ Days  
 (Signed) M. E. Stewart M. D.  
 Date 1/19 1906 (Address) 200 Alcott St

Place of Burial Washing County  
 Date of Burial Jan 26 1906  
 Undertaker Chas W. Hall  
 Address 235 E. West Temple

Filed Jan 19 1906  
 Registrar M. E. Stewart, M.D.  
 REGISTERED NUMBER 11497  
 NO. OF BURIAL PERMIT 916239

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.