

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 2500534		State Board of Health File No. 97	
County Carbon		STATE OF UTAH—DEATH CERTIFICATE	
Precinct		No. Gertrude McNeil	
Village or City East Henrieville		St. Ward	
2 FULL NAME Gertrude McNeil		Ward 254	
(a) Residence, No. St.		(If death occurred in a hospital or institution give the NAME instead of street and number.)	
Length of residence in city or town where death occurred yr. mo. day		Ward 254	
PERSONAL AND STATISTICAL PARTICULARS			
3 Sex Female	4 Color or Race White	5 Single, Married, Widowed, or Divorced Single	(Write the word)
6a. If Married, Widowed, or Divorced			
Husband or (or) Wife of Frank			
6 Date of Birth July 18, 1925			
7 Age 37 yrs. 1 mo. 6 da. 15 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)			
(c) Name of Employer			
9 Birthplace: (City or town) East Henrieville			
(State or Country) Utah			
10 Name of Father Wm. McNeil			
11 Birthplace of Father (State or Country) Utah			
12 Maiden Name of Mother Edwin Petty			
13 Birthplace of Mother (State or Country) Utah			
14 Informant C. B. McNeil			
Address East Henrieville Utah			
15 Filed July 19, 1925 S. E. Irvine			
21 REGISTERED NUMBER 8		22 NO. OF SERIAL PERMIT 8	
MEDICAL CERTIFICATE OF DEATH			
16 Date of Death July 19, 1925			
17. I HEREBY CERTIFY, That I attended deceased from July 18, 1925 to July 18, 1925 and that death occurred, on the date stated above, at 10:00 a.m. The CAUSE OF DEATH was as follows: Comp. with cerebral hemorrhage (59.0)			
Contributory (Duration) 0 yr. 0 mo. 1 wk.			
18 Where was disease contracted (Duration) yr. mo. da.			
Did an operation precede death? No Date of			
Was there an autopsy? No Physical signs			
What best confirmed diagnosis? Comp. with cerebral hemorrhage			
(Signed) S. E. Irvine M. D.			
19 State the Disease Causing Death, or in death from Violent Causes state (1) Means and Nature of Injury and, (2) whether Accident, Suicidal or Homicidal. (See reverse side for additional space.)			
Place of Burial, Cremation, or Removal: Funerary Hall		Date of Burial July 20, 1925	
20 Undertaker: C. G. McNeil		Address Henrieville, Utah	

HEALTH DEPARTMENT INSTRUCTIONS ON BACK OF CERTIFICATE