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PLACE OF DEATH

Malachia Bronca

PLACE OF DEATH

County Salt Lake

State Board of Health File No. 1073

Township _____

STATE OF UTAH—DEATH CERTIFICATE

Village _____

City Sandy

(No. _____)

St. _____

Ward _____

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

2 FULL NAME William Lehi Bateman.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR OR RACE White. SINGLE MARRIED WIDOWED OR DIVORCED Married.

DATE OF BIRTH Jan. 1, 1944 (Month) (Day) (Year)

AGE 72 yrs. 7 mos. 1 ds. IF LESS than 1 day, hrs. or min.

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

BIRTHPLACE (State or country) Iowa.

PARENTS 10 NAME OF FATHER Thomas Bateman.

11 BIRTHPLACE OF FATHER (State or country) England.

12 MAIDEN NAME OF MOTHER Mary Street.

13 BIRTHPLACE OF MOTHER (State or country) England.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) Mrs. Sophia or Alexandra Bateman (Address) _____

15 Filed Sept 5 1916 Registrar

21 REGISTERED NUMBER 22 NO. OF BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 2, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,

that I last saw him alive on Aug 1st, 1916, and that death occurred, on the date stated above, at 5:25 A.M.

The CAUSE OF DEATH* was as follows: Was called after death had occurred. Cause of death was acute dilatation (Duration) yrs. ____ mos. ____ ds.

Contributory Myocarditis (Associate) (Duration) yrs. 3 mos. ____ ds.

(Signed) W. B. _____ M.D. Aug 3, 1916 (Address) Sandy Utah

* 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 15 yrs. ____ mos. ____ ds. In the State 66 yrs. ____ mos. ____ ds.

Where was disease contracted, At Place of death If not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL West Jordan. DATE OF BURIAL Aug. 6 th, 1916

20 UNDERTAKER Geo. A. Jenkins. ADDRESS Murray.

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. N. B.—Every item of information should be carefully supplied. AGE cannot be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD