0 2 9 0 0 6 7 8

State Board of Health File No. 17 340

# STATE OF UTAH—DEATH CERTIFICATE

1 PLACE OF DEATH
County Davis
Precinct or Village
City or Kaysville No. [illegible] St. Ward [If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME George Fletcher Pattillo

(a) Residence. No. Kaysville St.,
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) |
|---|---|---|
| Male | White | Married |

5a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Ester Clarke Pattillo

6 DATE OF BIRTH November 1st, 1852 (Month) (Day) (Year)

7 AGE 76 yrs. 3 mos. 3 ds. If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tin smith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of Employer self.

9 BIRTHPLACE (City or town) Georgia
(State or Country)

PARENTS

10 NAME OF FATHER Samuel Henry Pattillo,

11 BIRTHPLACE OF FATHER (State or Country) Georgia.

12 MAIDEN NAME OF MOTHER Enetta H. Hendricks,

13 BIRTHPLACE OF MOTHER (State or Country) Georgia.

14 Informant Mrs. D. F. Pattillo
Address Kaysville, Utah.

15 Filed Mch 7 1929 S. G. Gleason Registrar

21 Registered Number 8

22 No. of Burial or Removal Permit 8

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 4th, 1929 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to May 4, 1929, that I last saw h[illegible] alive on March 2, 1929, and that death occurred, on the date stated above, at 2:30P m.

The CAUSE DEATH* was as follows:

Apoplexy

Sudden
(Duration ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) Grand Mal

Grand
(Duration 4 yrs. 1 mos. ____ ds.

18 Where was disease contracted if not at place of death? Kaysville, Utah

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) G. D. Pendleton M. D.

Mch 6, 1929 (Address) Kaysville Utah

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Kaysville, Utah.

DATE OF BURIAL Mch. 7th, 1929

20 UNDERTAKER Larkin & Sons #129

ADDRESS Ogden, Utah.

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

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.

MARGIN RESERVED FOR BINDING