Marquis D. Lafayette Reid

State Board of Health File No. 350

STATE OF UTAH—DEATH CERTIFICATE.

☞ THIS CERTIFICATE MUST BE FORWARDED BY COUNTY CLERK 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 Weber. Davis

City, Town or Village of Hooper. Clinton

Street and No.

If in Hospital or Institution, give its name and how long deceased was an inmate

07 0006 04

Full Name of Deceased (Initials only will not be accepted)

Marquis D. L., Lafayette

(Marquis) Reid

Special Information for Hospitals, Institutions, Transients or Recent Residents:

Former or Usual Residence Hooper Clinton

How long resident

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 1 1829 (Month) (Day) (Year)

AGE 78 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Georgia.

NAME OF FATHER Baley Reid

BIRTHPLACE OF FATHER (State or country) Georgia

MAIDEN NAME OF MOTHER Hannah Bowles

BIRTHPLACE OF MOTHER (State or country) Georgia.

OCCUPATION Farmer

(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) Charles Reed

(Address) Hooper Utt.

Place of Burial Clinton Cem

Date of Burial May 20, 07.

Undertaker Lindquist.

Address Ogden Utah.

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, that death occurred on the date stated above at 2 p m. To the best of my knowledge and belief cause of the death was, viz.:

Chief Cause Hemiplegia

Where Contracted Clinton Duration 3 month Days

Contributory (If any) Old age and Organic Heart disease 2 yrs

Where Contracted Duration Days

(Signed) Edward D Rich M. D.

Date 5/18 1907 (Address) Ogden Utah

Permission is hereby granted to {bury / ~~ship~~} the body of the person above described.

(Signed) Geo R Bennett Health Officer.

(Address) Hooper Utah

NO. OF RECORD 5—1907

(Date) 5/31 1907

NO. OF BURIAL PERMIT 5—1907

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.

(OVER)