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State Board of Health File No. 64

STATE OF UTAH—DEATH CERTIFICATE

1 PLACE OF DEATH
County Davis
Precinct or Village Clinton
City or ... No. ..., ... St., ... Ward

Nancy Elizabeth Reid

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

2 FULL NAME Nancy Elizabeth Reid

(a) Residence. No. 3008 St.,
(USUAL PLACE OF ABODE)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

5a If Married, Widowed, or Divorced
HUSBAND OF (OR) WIFE OF Marquis D. L. Reid

6 DATE OF BIRTH: November 4, 1849
(Month) (Day) (Year)

7 AGE: 75 yrs. 10 mos. 11 ds.
If LESS than 1 day, ... hrs. or ... 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): At Home
(c) Name of Employer

9 BIRTHPLACE (City or town): Rome, Georgia
(State or Country)

PARENTS
10 NAME OF FATHER: Green R. Duke
11 BIRTHPLACE OF FATHER (State or Country): Georgia
12 MAIDEN NAME OF MOTHER: (Unknown) Sharp
13 BIRTHPLACE OF MOTHER (State or Country): Georgia

14 Informant: Thomas S. Reid
Address: Clinton Utah

15 Filed Sept 18 1925 Durbin Terry
Registrar

Registered Number 3

No. of Burial or Removal Permit 3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 15, 1925.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to Sept 15, 1925, that I last saw her alive on Sept 14, 1925, and that death occurred, on the date stated above, at 1:15 m.

The CAUSE OF DEATH* was as follows:

Tumor of Brain

(Duration) ... yrs. 6 mos. ... ds.

Contributory (Secondary) and Age

(Duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Edward D Tuck M. D.

Sept 16, 1925 (Address) Ogden 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: Clinton Cemetery
DATE OF BURIAL: Sept 18 1925

20 UNDERTAKER: J. H. Budge
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.