

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

County Bath

Vot. Pol. 4085

Registration District No. 12 52

Registered No. _____

Inc. Town _____

Primary Registration District No. _____

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

City Salt Lake City (No. _____ St. _____ Ward _____)

2 FULL NAME Leonard Thomas Galdy

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
M. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms so that it may be properly classified. EXAMINATION OF OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX boy 4 COLOR OR RACE W 5 MARRIAGE STATUS Single

6 DATE OF BIRTH 2 (Month) 11 (Day) 1927 (Year)

7 AGE 3 yrs. 3 mos. 3 ds. IF LESS than 1 day _____ hrs. or _____ min.

8 OCCUPATION (a) Trade, profession or particular kind of work none
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Bath Ky

PARENTS
10 NAME OF FATHER Lelia T. Galdy
11 BIRTHPLACE OF FATHER (State or country) Bath Ky
12 MAIDEN NAME OF MOTHER Mary Gilbert
13 BIRTHPLACE OF MOTHER (State or country) Bath Ky

14 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lelia Galdy
(Address) Salt Lake City

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 0 (Month) 24 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Copious request 1927 to 1927 that I last saw him alive on 5/27 1927 and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
Heart Failure
long period of
congestion of the lungs

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

Contributory (Secondary) none
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) [Signature] M. D.
Salt Lake City 1927 (Address) Salcedo
*State the immediate cause of death, and the remote cause (if any) of injury, and (if possible) whether Accidental, Suicidal or Homicidal.

17 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place _____ in the _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, _____

If not at place of death? _____
Former or usual residence _____

18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Home Cemetery 5-23-27

19 UNDERTAKER Mrs. J. W. Vaughan ADDRESS [Address]

Filed 5-23, 1927 D. P. C. Alvord

Salt Lake City