

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17396

PLACE OF DEATH
County Butt
Vol. No. 5106
Reg. No. 2
City No
Primary Registration

File No.
Registered No.
Word

FULL NAME Mazel Myra

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OF RACE white MARRIAGE STATUS single
 DATE OF BIRTH March 29, 1912
 AGE 7 m. 3 w. 14 d.
 OCCUPATION none
 BIRTHPLACE NY
 NAME OF FATHER R. B. Myra
 BIRTHPLACE OF FATHER NY
 MARRIAGE NAME OF MOTHER Effey Day
 BIRTHPLACE OF MOTHER NY

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1920
 I HEREBY CERTIFY, That Myra Mazel deceased
 from July 7, 1920 to July 12, 1920,
 that I last saw her alive on July 12, 1920,
 and that death occurred on the date stated above
 at 2 A.M. The CAUSE OF DEATH was as follows:

Stroke

Physician H. Hooping Sough
 (Address) Salt Lake, UT
 Date July 12, 1920

IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Dr. C. P. Jones
 (Address) Salt Lake, UT

PLACE OF BURIAL OR REMOVAL James Cemetery
 DATE OF BURIAL 7-14-20
 ADDRESS Mrs. J. S. Vaughan Salt Lake, UT

WRITE PLAINLY, WITH DEFINITE SEX—THIS IS A PERMANENT RECORD
 M. S.—Every item of information furnished should be accurate, uncolored, and should state the exact date, time, and place of death. Exact statement of cause of death should be given in plain language, and should be supported by a physician's certificate. The information on back of certificate should be filled in very completely.