

Collection: Utah Death Certificates 1904-1956

1-39-05-531.

State Board of Health File No. 330
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STATE OF UTAH-DEATH CERTIFICATE.

THIS CERTIFICATE MUST BE FORWARDED BY LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH SALT LAKE CITY, ON OR BEFORE THE 5th OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.

<p>PLACE OF DEATH <u>Salt Lake City</u> County of <u>Salt Lake City</u> Precinct of _____ City, Town or Village of <u>Salt Lake</u> Street and No. <u>615 S. 4th East</u> If in Hospital or Institution, give its name and how long deceased was an inmate _____</p> <p style="text-align: center;">PERSONAL AND STATISTICAL PARTICULARS</p> <p>SEX <u>Male</u> COLOR <u>White</u> DATE OF BIRTH <u>3</u> <u>14</u> <u>1928</u> (Month) (Day) (Year) AGE <u>78</u> years, <u>11</u> months, <u>12</u> days SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> BIRTHPLACE (State or country) <u>New York</u> NAME OF FATHER <u>Clay Bassett</u> BIRTHPLACE OF FATHER (State or country) <u>New York</u> MAIDEN NAME OF MOTHER <u>Matilda Galter</u> BIRTHPLACE OF MOTHER (State or country) <u>New York</u> OCCUPATION <u>accountant</u> Return remunerative employment for all persons 20 years of age and over. THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) <u>Family</u> (Address) <u>615 S. 4th East</u></p> <p>Place of Burial <u>City Cem.</u> Date of Burial <u>3-1-07</u> Undertaker <u>John Taylor</u> Address <u>City</u></p>	<p>Full Name of Deceased (Initials only will not be accepted) <u>Charles H. Bassett</u> <u>Charles H. Bassett</u> Special Information for Hospitals, Institutions, Transients or Board Residents: Former or Usual Residence <u>Salt Lake City</u> How long resident at place of death _____</p> <p style="text-align: center;">MEDICAL CERTIFICATE OF DEATH</p> <p>DATE OF DEATH <u>2</u> <u>26</u> <u>1907</u> (Month) (Day) (Year)</p> <p>I HEREBY CERTIFY, That I attended deceased from <u>Jan. 1</u> 1907 to <u>July 26</u> 1907 that I last saw him alive on <u>Feb. 25</u> 1907 and that death occurred, on the date stated above, at <u>8:25</u> P.M. The CAUSE OF DEATH was as follows: Chief Cause <u>Cancer</u> Where Contracted <u>at home</u> Duration <u>300</u> Days Contributory (if any) <u>Old age</u> Where Contracted <u>Salt Lake</u> Duration <u>1</u> Days (Signed) <u>Chas. F. Taylor</u> M. D. Date <u>2-28</u> 1907 (Address) <u>Templeton</u> Filed <u>2/28</u> 1907 Registrar <u>W. R. [Signature]</u> REGISTERED NUMBER <u>12887</u> NO. OF BURIAL PERMIT <u>5012379</u></p>
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WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
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.