

1 PLACE OF DEATH 2500320 State Board of Health File No. 139
253

County Cache STATE OF UTAH—DEATH CERTIFICATE
 Precinct _____
 Village or Paradise Leon Richman
 City _____ No. _____ St. _____ Ward _____

2 FULL NAME Leon Richman
 (a) Residence No. _____ St. _____
 (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. 50 days _____ New born P.U.S. If foreign birth? _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6a (If female, widow, or divorced) HUSBAND OF (OR) WIFE OF _____

7 DATE OF BIRTH July 1st 1926 8 AGE 1 If LESS than 1 City, 1 yr. or 30 days?

9 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work None
 (b) General category of industry, business, or establishment in which employed (or employee)
 (c) Name of Employer

10 BIRTHPLACE (City or town) Paradise Utah (State or Country)

11 NAME OF FATHER Leon S. Richman

12 BIRTHPLACE OF FATHER (State or Country) Paradise Utah

13 MAIDEN NAME OF MOTHER Boston Thomas

14 BIRTHPLACE OF MOTHER (State or Country) Paradise Utah

15 Informant Leon S. Richman
 Address Paradise Utah

16 Date Aug 5 1926 Registrar Boston Miles
 Registered Number _____ No. of Serial or Renewal Permit _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 1926 to July 1 1926
 that I last saw him alive on July 1 1926
 and that death occurred, on the date stated above, at 10 PM
 The CAUSE OF DEATH was as follows:
Chromidial Pust. (1620)

18 Where was disease contracted? At home
 If not at place of death? _____

19 Did an operation precede death? Yes Date of _____
 Was there an autopsy? Yes

20 What test confirmed diagnosis? Smear
 (Signed) W. H. Williams M. D.
 1926 (Address) Org. and Ret.

21 State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (a) MEANS AND NATURE OF INJURY and (b) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

22 PLACE OF BURIAL, CREMATION, OR REINTERMENT Paradise Utah DATE OF BURIAL July 3 1926

23 UNDERTAKER _____ ADDRESS _____

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.

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE