

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 Every item of information should be carefully studied. 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.

1003202680

1 PLACE OF DEATH
 County Salt Lake

State Board of Health File No. 1004
370

Precinct _____
 or _____
 Village _____
 or _____
 City Salt Lake No. S. D. S. Hospital St. _____ Ward _____

STATE OF UTAH—DEATH CERTIFICATE

Asa Coates

{ If death occurred in a hospital or institution give the NAME instead of street and number. }

2 FULL NAME Asa Coates

(a) Residence. No. _____ St. Mt Pleasant Utah.
 (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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5a If Married, Widowed, or Divorced HUSBAND OF Hilda Larson Coates (or) WIFE OF _____

6 DATE OF BIRTH Sept 2 1867
 (Month) (Day) (Year)

7 AGE 65 yrs. 2 mos. 3 ds. If LESS than 1 day, ____ hrs. or ____ min. ?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Self
 (c) Name of Employer _____

9 BIRTHPLACE (City or town) Mt Pleasant (State or Country) Utah

10 NAME OF FATHER George Coates

11 BIRTHPLACE OF FATHER England (State or Country)

12 MAIDEN NAME OF MOTHER Emely Sealey

13 BIRTHPLACE OF MOTHER Pa (State or Country)

14 Informant Jane Shannon Address Mt Pleasant Utah

15 Filed Nov 6 1932 A. B. Upton Registrar

Registered Number _____ No. of Burial or Removal Permit _____

21 1560 22 1560

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5 1932
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Nov 5, 1932 that I last saw _____ alive on Nov 5, 1932 and that death occurred, on the date stated above, at 5:40 p.m. The CAUSE OF DEATH* was as follows:

Myocardial failure

(46) (Duration) yrs. mos. 3 ds.

Contributory Carcinoma pancreas (Secondary) undetermined (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mt Pleasant, Utah

Did an operation precede death? Yes Date of Nov 2, 1932

Was there an autopsy? No

What test confirmed diagnosis exploratory op. (Signed) J. H. Buckley, M. D. Nov 5, 1932 (Address) 415 E. 1st St. Salt Lake City

*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 Mt Pleasant Utah DATE OF BURIAL Nov 9, 1932

20 UNDERTAKER E. C. Egli ADDRESS Salt Lake