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.

1 PLACE OF DEATH. 2 3 0 2 1 7 8 State Board of Health File No. 97

County Salt Lake

Precinct or Village

City Salt Lake No. 537 South 9th East St., Ward

[If death occurred in a hospital or institution give its NAME instead of street and number.]

STATE OF UTAH—DEATH CERTIFICATE

2 FULL NAME Elizabeth Hughes Paul

(a) Residence. No. 537 South 9th East St., Ward.
(Usual place of abode) [IF NON-RESIDENT GIVE CITY OR TOWN AND STATE]

Length of residence in city or town where death occured 62 yrs. mos. ds. How long in U.S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If Married, widowed, or Divorced — Husband of (or) Wife of: James P. Paul.

6 Date of Birth: March (Month) 22 (Day) 1832 (Year)

7 Age: 90 yrs. 9 mos. 25 ds. If LESS than 1 day hrs. or min.?

8 Occupation of Deceased
(a) Trade, profession or particular kind of work: None, at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of Employer:

9 Birthplace (City or town): Stratford OnAvon
(State or country): England

PARENTS
10 Name of Father: Joseph Evans
11 Birthplace of Father (State or country): England
12 Maiden Name of Mother: Maria Shirnington
13 Birthplace of Mother (State or country): England

14 Informant: Mrs. Lottie Paul Baxter
Address: 921 Dresden Ave.

15 Filed Jan 21 1923 Christie Henson Registrar

21 REGISTERED NUMBER: J-98

22 NO. OF BURIAL PERMIT: 98

MEDICAL CERTIFICATE OF DEATH

16 Date of Death: January (Month) 17 (Day) 1923 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1923, to Jan. 17, 1923
that I last saw her alive on Jan. 17, 1923,
and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:
(1) Chronic Myocarditis
(2) Cerebral Hemorrhage
Duration (1) several years (2) 2 ds.
Contributory (Secondary) Arterio-sclerosis (Senile)
Duration several yrs. mos. ds.

18 Where was disease contracted
if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) J. Paul M. D.
Jan 19 1923 (Address) 709 Cleft Bldg.

*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: City Cemetery
Date of Burial: Jan 21 1923

20 Undertaker: S. M. Taylor & Co.
Address: City.

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE.