

FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		CITY OF OGDEN		BURIAL PERMIT NO. 386-P
CERTIFICATE OF DEATH				REGISTRAR'S NO. 4973 D
BIRTH NO. 143		UTAH		
1. PLACE OF DEATH a. COUNTY OF WEBER		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Utah b. COUNTY Morgan		
b. CITY OF OGDEN		c. LENGTH OF STAY (this place) 3 Days		
d. FULL NAME OF (If not in hospital or institution, give st. address or loc.) HOSPITAL OR INSTITUTION Dee Hospital		e. CITY (If outside corporate limits, write RURAL) OR TOWN Milton		
e. NAME OF DECEASED (Type or print) LEE		f. STREET ADDRESS (If rural give location)		
f. SEX Male		g. DATE OF DEATH JUNE 27, 1951		
g. COLOR OR RACE White		h. AGE (In yrs. If Under 1 Yr. last birthday) 73 Months Days Hours Mins		
i. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify) Married		j. DATE OF BIRTH Mo. 9 Day 2 Year 1880		
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired). Farmer		11. BIRTHPLACE (City & State or foreign country) Preston, Idaho		
12. FATHER'S NAME Nels J. Peterson		13. CITIZEN OF HUSBAND'S OR WIFE'S NAME Maud Little Peterson		
Birthplace Denmark		Birthplace Denmark		
15. WAS DECREASED ever in U. S. ARMED FORCES (Yes or unknown) No		16. SOCIAL SECURITY No. None		
17. INFORMANT Maud Peterson; Milton, Utah		18. CAUSE OF DEATH		
Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart dis. ANTECEDENT CAUSES with failure.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) starting the underlying cause last.		
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, st. off. bldg., etc.)		
21d. TIME (Mo.) (Day) (year) (Hour) OF INJURY		21c. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work At Work		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 19 51 to June 10 54 THAT I LAST SAW THE DECEASED ALIVE ON 6/27/54 AND THAT DEATH OCCURRED AT 10 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		21f. HOW DID INJURY OCCUR?		
23a. SIGNATURE W. J. Wilson		(Degree or title) MD ADDRESS Ogden, Utah DATE SIGNED 6/28/54		
24a. BURIAL CREMATION, REMOVAL Burial (Specify)		24b. DATE 6/30/54 24c. NAME OF CEMETERY OR CREMATORIAL Washington Heights Mem. Prk. 24d. LOCATION (City, town, or county) (State) So. Ogden, Utah		
DATE RECD BY LOCAL REG. 7/2/54		REGISTRAR'S SIGNATURE R. N. Hirst 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Lindquist & Sons: John A. Lindquist, Ogden Funeral Director's No. 153, Embalmer's No. 338		
STATE OF UTAH, County of Weber {SS. This is to Certify that the above Death Certificate is a true and correct copy of the record on file in this City.				
Subscribed and sworn to this <u>Jan. 8, 1957</u> <u>Jan. 8, 1957</u> Asst. Registrar of Vital Statistics				
My Commission Expires <u>Feb. 25, 1959</u> <u>Murice Jenkins</u> Notary Public				