

STATE OF UTAH CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 1272

1. PLACE OF DEATH:

(a) County Salt Lake

(b) City or town Salt Lake
(If outside city or town limits write RURAL)

(c) Name of hospital or institution:
St. Marks Hospital
(If not in hospital or institution give street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 1 year & 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Utah (b) County Salt Lake

(c) City or town Salt Lake
(If outside city or town limits write RURAL)

(d) Street No. 271 4th Ave.
(If rural give location)

(e) If foreign born, how long in U.S.A. 24 years

3 (a) FULL NAME Francis Michael Lane

3 (b) If veteran, name war _____

3 (c) Social Security No 559-10-7887

4. Sex male 5. Color or race white

6 (a) Single, widowed, married or divorced married

6 (b) Name of husband or wife Lucile Lane

6 (c) Age of husband or wife if alive _____ yrs.

7. Birth date of deceased July 10, 1900
(Month) (Day) (Year)

8. AGE

Years	Months	Days	If less than one day
<u>42</u>	<u>11</u>	<u>11</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1943
(Month, day, and year)

21. I HEREBY CERTIFY, That I attended deceased from June 19 1943 to June 21 1943

I last saw him alive on June 21 1943

death occurred on the date stated above, at 7:50 P m.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Timekeeper

11. Industry or business Smelting and Refining

MOTHER FATHER

12. Name Unknown Lane

13. Birthplace Ireland
(City, town or county) (State or foreign country)

14. Maiden name Johanna O. Grady

15. Birthplace Ireland
(City, town or county) (State or foreign country)

Immediate cause of death Neuron haemorrhage

Due to suppurated septip. 2 days

Due to Cent haemorrhage of Lenses 6 yrs

Due to Bacterial disease 6 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy as above

Physician Underline the cause to which death should be charged statistically

16 (a) Informant's own signature Lucille Lane

(b) Address 271 - 4th Ave.

17 (a) burial (b) Date thereof June 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cem.

18 (a) Mortuary Evans and Early

(b) Signature of funeral director Julie Early

(c) Address Salt Lake City (d) License No. 12

(e) Was body embalmed? Yes (f) Embalmer's License No. 267

19 (a) June 24, 1943 (b) J. J. Hawks, M.D.
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (e) While at Work? _____
(Specify type of place)

(f) Means of injury _____

Signature J. J. Hawks (M.D. or other)

Address 350 Main St.