

Margaret Holmes Weaver Death Certificate

MAY 12 1965 STATE OF UTAH - DEPARTMENT OF HEALTH
 REGISTRAR'S NO. 187 **CERTIFICATE OF DEATH** STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Salt Lake		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Utah	
b. CITY, TOWN, OR LOCATION Granger		b. COUNTY Salt Lake	
c. LENGTH OF STAY IN 10 Granger		c. CITY, TOWN, OR LOCATION Granger	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2865 West 3835 South		d. STREET ADDRESS 2865 West 3835 South	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MARGARET Middle HOLMES Last WEAVER		4. DATE OF DEATH Month May Day 9 Year 1965	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Chicago City	11. BIRTHPLACE (State or foreign country) North Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Henry John Holmes		14. MOTHER'S MAIDEN NAME Sarah Jane Godfrey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 359-22-4156	
17. INFORMANT Margaret Jane Weaver, 2865 W. 3835 S.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of breast with metastases to bone, lung, & brain. Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) metastases to bone, lung, & brain. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 2 years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 11:30 P.M. Month May Day 9 Year 1965		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Salt Lake County Utah	
21. I attended the deceased from May 1, 1965 to May 9, 1965 and last saw her/him alive on May 9, 1965 . Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Blenn Cellulon M.D.		22b. ADDRESS 7280 W. 35th St. Salt Lake	
22c. DATE SIGNED 5/10/65		22d. DATE SIGNED	
23a. BURIAL, CREMATION, RESONAL (Specify) Burial		23b. DATE 5-12-65	
23c. NAME OF CEMETERY OR CREMATORY Valleyview		23d. LOCATION (City, town, or county) (State) Salt Lake County Utah	
24. FUNERAL HOME, ADDRESS AND ADDRESS McDougal Funeral Home 4330 South Redwood		25. DATE RECD. BY LOCAL REG. 5-12-65	
26. REGISTRAR'S SIGNATURE J. O. Brewster M.D. R.H.			

STATE OF UTAH ss
 CO. OF SALT LAKE
 THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE UTAH STATE DEPT. OF HEALTH.

DATE **May 12, 1965**

John W. Wright
 DIRECTOR, DIVISION OF VITAL STATISTICS