

MARGIN RESERVED FOR BINDING

This is a permanent record. If possible fill in with typewriter and use new black ribbon. All entries made in longhand should be made in unfading black ink. This not only prolongs the life of the record, but insures a perfect copy when reproduced in photostat. Every item of information should be supplied carefully and completely. The certificate is to be signed by the attending physician, the funeral director, the local registrar and the informant.

FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE		CERTIFICATE OF DEATH		STATE OF WYOMING		STATE FILE NO.	
LOCAL REGISTRAR'S NO. <u>122</u>		DEPARTMENT OF PUBLIC HEALTH		DIVISION OF VITAL STATISTICS		1054 1284	
BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE		(Where deceased lived. If institution; residence before admission)	
a. COUNTY		Laramie		a. STATE		WYOMING	
b. CITY (If outside corporate limits, write BURIAL TOWN)		Granite Canon		c. CITY (If outside corporate limits, write BURIAL TOWN)		Cheyenne	
d. FULL NAME OF (or: home, public street, building, etc.) HOSPITAL OR INSTITUTION		Granite Canon Gravel Pit		d. STREET ADDRESS		601 E. 18th Street	
c. LENGTH OF STAY (in this place)		1 yr.		e. (Last)		Booth	
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Lyle		Lyle		Russell		Booth	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Male		White		Married		Sept. 1, 1904	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City or County, State or foreign country)		9. AGE (In years last birthday)	
Oiler (machinery)		Construction		Freeport, Illinois		49	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		17. INFORMANT'S SIGNATURE		12. CITIZEN OF WHAT COUNTRY?	
Fred W. Booth		Florence P. Gray		Pearl		USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE		ADDRESS	
NO		548-12-4349		Mrs. Pearl Booth, Cheyenne, Wyoming			
18. CAUSE OF DEATH		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), (c)		ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
*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)		insufficiency of aorta			
11. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION, PATHOLOGIC DIAGNOSIS OR AUTOPSY (Use reverse side of certificate if necessary)		20. AUTOPSY?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
N/A							
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, etc.)		21c. (CITY OR TOWN)		(COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased and performed autopsy on _____, 19____, and that death occurred at 3:45 pm., from the causes and on the date stated above.							
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED			
Sam S. Buckle, M.D.		Cheyenne, Wyoming		7-13-84			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county)	
Removal		July 15, 1954		Ontario, Calif.		Cheyenne	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
9/19/54		O.C. Caldwell		O.C. Caldwell		Cheyenne	