

1 PLACE OF DEATH 02900890 State Board of Health File No. 26  
County Garfield Precinct \_\_\_\_\_  
City or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

STATE OF UTAH—DEATH CERTIFICATE

2 FULL NAME Sisiana Craig  
(a) Residence, No. Panguitch, Utah St. \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)  
Length of residence in city or town where death occurred X yrs. mos. ds. How long in U. S., if of foreign birth? 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

6a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Joseph A Craig

6 DATE OF BIRTH Jan. 21 1860  
(Month) (Day) (Year)

7 AGE 69 yrs. 6 mos. 16 ds. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work House keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) House Keeping  
(c) Name of Employer Self

9 BIRTHPLACE (City or town) Santa Clara (State or Country) Utah

10 NAME OF FATHER Hyrum Judd

11 BIRTHPLACE OF FATHER Canada (State or Country)

12 MAIDEN NAME OF MOTHER Sisiana Fuller

13 BIRTHPLACE OF MOTHER N.Y. (State or Country)

14 Informant Hyrum Davis Address Panguitch, Utah

15 Filed Aug 7 1929 Registrar Magasin Fay  
Registered Number \_\_\_\_\_ No. of Burial or Removal Permit \_\_\_\_\_

21 17 22 17

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Aug 6 1929  
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from July 25 1929 to Aug 6 1929 (that I last saw her alive on July 25 1929 and that death occurred, on the date stated above, at 2:30 P.M. The CAUSE DEATH\* was as follows: Acute Pericarditis)

Contributory (Secondary) Not known (Duration) yrs. mos. ds. 14

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? Physical findings

(Signed) M.W. Bigelow M. D. Aug 7 1929 (Address) Panguitch, Utah

\*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 spaces.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Panguitch, Utah DATE OF BURIAL Aug 9 1929

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

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.