

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 instruction on back of certificate.

RECEIVED

| STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH | | DO NOT WRITE IN THIS SPACE | |
|--|----------------------------------|---|-------------------|
| PLACE OF DEATH County of <u>Franklin</u> City of <u>Preston</u> | | State File No. <u>92611</u> | |
| Registration District No. <u>27</u> Primary Registration District No. <u>2119</u> | | Local Registrar's No. <u>13</u> | |
| (No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.) | | | |
| 2. FULL NAME <u>Janet Sharp Mason Wamer</u> | | | |
| (a) Residence. No. <u>Preston, Idaho</u> St. _____ (Usual place of abode) <u>State Lake City, Utah</u> ds. _____ Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | |
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u> | |
| 5a. If married, widowed, or divorced HUSBAND of <u>Geo. Dale Wamer</u> (or) WIFE of | | | |
| 6. DATE OF BIRTH (month, day, and year) <u>Sept 9, 1868</u> | | | |
| 7. AGE | Years <u>66</u> | Months <u>6</u> | Days <u>11</u> |
| If LESS than 1 day, hrs. _____ or min. _____ | | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation <u>42</u> | |
| 12. BIRTHPLACE (city or town) <u>Mathemully</u> (State or country) <u>Scotland</u> | | | |
| 13. NAME <u>John Mason</u> | | | |
| 14. BIRTHPLACE (city or town) <u>Scotland</u> (State or country) | | | |
| 15. MAIDEN NAME <u>Jane Carney</u> | | | |
| 16. BIRTHPLACE (city or town) <u>Scotland</u> (State or country) | | | |
| 17. INFORMANT <u>John Mason Jr</u> (Address) <u>Lawrence, Wyoming</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Home, Pa.</u> Date <u>2-20, 1935</u> | | | |
| 19. UNDERTAKER <u>E. J. Johnson</u> (Address) <u>Franklin, Idaho</u> | | | |
| 20. FILED <u>Mar 8, 1935</u> <u>G. W. Stiles</u> Registrar. | | | |
| MEDICAL CERTIFICATE OF DEATH | | | |
| 21. DATE OF DEATH (month, day, and year) <u>Feb. 18, 1935</u> | | | |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 18</u> , 1935, to <u>Feb 18</u> , 1935. | | | |
| I last saw her alive on <u>Feb 18</u> , 1935; death is said to have occurred on the date stated above, at <u>11 P.</u> m. | | | |
| The principal cause of death and related causes of importance were as follows: <u>Angina Pectoris</u> Date of onset: <u>Feb 18-35</u> | | | |
| Other contributory causes of importance: <u>Arteriosclerosis</u> | | | |
| Name of operation <u>None</u> Date of _____ | | | |
| What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u> | | | |
| 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935 | | | |
| Where did injury occur? _____ (Specify city or town, county, and State) | | | |
| Specify whether injury occurred in industry, in home, or in public place. _____ | | | |
| Manner of injury _____ | | | |
| Nature of injury _____ | | | |
| 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> | | | |
| If so, specify _____ | | | |
| (Signed) <u>Eugene J. Porter</u> M. D. (Address) <u>Preston, Idaho</u> | | | |