

X

Henry James Tempest

KWJ8-WRH

PARENTS

Henry Tempest
Mary Ann
Rebecca Giles

SPOUSE

Sarah Emily
Freeman
1878 - 1956 • KWJ8-
WRZ

BIRTH

17 January 1876 Herriman, Salt Lake, ...

DEATH

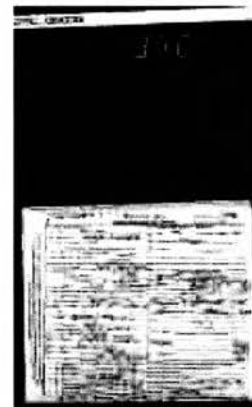
25 June 1944 Herriman, Salt Lake, U...

- View in Family Tree
- Review Attachments

Henry James Tempest

Utah Death Certificates

Name	Henry James Tempest
Event Type	Death
Event Date	25 Jun 1944
Event Place	Herriman, Salt Lake, Utah, United States
Gender	Male
Age	68
Marital Status	Married
Birth Year (Estimated)	1876
Father's Name	Henry Tempest
Mother's Name	Mary Ann Giles
Spouse's Name	Sarah E. Tempest
Source Reference	Tempest, Henry James, 1944
Source Note	No true DGS assigned in CDS



View the original document. The original may contain more information than was indexed.

UTAH DEATH CERTIFICATES, 1904-1964

Reference ID	1086
GS Film Number	2260783
Digital Folder Number	002260783
Image Number	00396

CITING THIS RECORD

"Utah Death Certificates, 1904-1964", database with images, *FamilySearch* (<https://familysearch.org/ark:/61903/1:1:XZ21-TDZ> ; accessed 22 October 2015), Henry James Tempest, 1944.

CITING THIS RECORD

"Utah Death Certificates, 1904-1964", database with images, *FamilySearch* (<https://familysearch.org/ark:/61903/1:1:XZ21-TDZ> ; accessed 22 October 2015), Henry James Tempest, 1944.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF UTAH
CERTIFICATE OF DEATH

State File No. 1086
Registrar's No. 12

1. PLACE OF DEATH:

(a) County Salt Lake
(b) City or town Herriman Precinct
(If outside city or town limits write Precinct)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 68 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Utah (b) County Salt Lake
(c) City or town Herriman
(If outside city or town limits write RURAL)
(d) Street No. _____
(If rural give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) FULL NAME Henry James Tempest

3. (b) If veteran, name war none 3. (c) Social Security No none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married or divorced married

6. (b) Name of husband or wife Sarah E. F. Tempest

6 (c) Age of husband or wife if alive 67 years.

7. Birth date of deceased January 17, 1876
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
68 5 8 _____ hr. _____ min.

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

10. Usual occupation Farmer
11. Industry or business Farm & Livestock

12. Name Henry Tempest
13. Birthplace Yorkshire England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Giles
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry James Tempest
(b) Address Midvale City Utah

17. (a) Burial (b) Date thereof 6-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herriman
18. (a) Mortuary Goff Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day, and year) June 25, 1944 19____

21. Jan 15 I HEREBY CERTIFY, That I attended deceased from Jan 15 to June 25 19____
I last saw him alive on June 24 19____
death occurred on the date stated above, 7:50 P. m. DURATION

Immediate cause of death Cancer of the stomach

Due to Cancer of the stomach 19____

Due to 4/17

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline
the cause to
which death
should be
charged as-
tically.

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? _____

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 instructions on back of certificate.

MOTHER FATHER

B. DEATH
Em. 6843

(b) Signature of funeral director
James B. Wolf

(c) Address: **MIDVALE**

(d) License No. **329**

(e) Was body embalmed? **YES**

(f) Embalmers License No. **329**

(g) Date of death: **June 27**

(h) Name of deceased: **James B. Wolf**

(d) Did injury occur in or about home on farm, in industrial place,
(City or town) (Country) (State)

(c) While at work?

(f) Means of injury
(Specify type of place)

(g) Signature of funeral director
James B. Wolf

(h) Name of deceased: **James B. Wolf**