

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

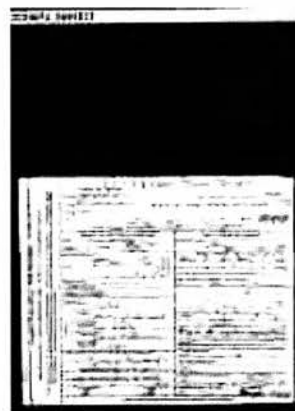
## Henry J. Tempest

mentioned in the record of Clifton Blaine Tempest

Name	Henry J. Tempest
Gender	Male
Wife	Sarah E. Freeman
Son	Clifton Blaine Tempest

## Other information in the record of Clifton Blaine Tempest from Utah Death Certificates

Name	Clifton Blaine Tempest
Event Type	Death
Event Date	05 May 1920
Event Place	Fort Herriman Precinct, Salt Lake, Utah, United States
Gender	Male
Age	1
Birth Year (Estimated)	1919
Father's Name	Henry J. Tempest
Mother's Name	Sarah E. Freeman
Source Reference	Tempest, Clifton Blaine, 1920
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	1053
GS Film Number	2229974
Digital Folder Number	002229974
Image Number	01517

## CITING THIS RECORD

"Utah Death Certificates, 1904-1964", database with images, *FamilySearch* (<https://familysearch.org/ark:/61903/1:1:XZ22-RSW> : accessed 22 October 2015), Henry J. Tempest in entry for Clifton Blaine Tempest, 1920.

## CITING THIS RECORD

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1500

em of information should

RECORD

PHYSICIANS should  
ent of OCCUPATION

PLACE OF DEATH

County

Precinct

Town or Village

City

(No.

State Board of Health File No.

STATE OF UTAH-DEATH CERTIFICATE

1053

512

[If death occurred in  
a hospital or institution  
give its NAME instead  
of street and number.]

V. S. No. 98  
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. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

2 FULL NAME <i>Henry J. Lempert</i>			MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <i>Single</i>	16 DATE OF DEATH <i>May 5, 1920</i> (Month) (Day) (Year)	
6 DATE OF BIRTH <i>April 26, 1919</i> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <i>May 2, 1920</i> , to <i>May 5, 1920</i> , that I last saw <del>him</del> <i>her</i> alive on <i>May 5, 1920</i> and that death occurred, on the date stated above, at _____ m.	
7 AGE <i>1</i> yrs. <i>9</i> mos. <i>9</i> ds. If LESS than 1 day, _____ hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <i>Pneumonia Broncho-pneumonia</i>	
8 OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____				
9 BIRTHPLACE (State or country) <i>Utah</i>				
PARENTS	10 NAME OF FATHER <i>Henry J. Lempert</i>		Contributory <i>Secondary Meningitis</i> (Secondary) (Duration) _____ yrs. _____ mos. <i>3</i> ds.	
	11 BIRTHPLACE OF FATHER (State or country) <i>Utah</i>		(Duration) _____ yrs. _____ mos. <i>2</i> ds.	
	12 MAIDEN NAME OF MOTHER <i>Sarah E. Freeman</i>		(Signed) <i>A. J. Hosmer</i> M. D. <i>May 6, 1920</i> (Address) <i>Utah</i>	
	13 BIRTHPLACE OF MOTHER (State or country) <i>Utah</i>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Henry J. Lempert</i> (Address) <i>Parowan B. D. 1</i>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____	
15 Filed <i>May 7, 1920</i> <i>Joe M. Holt</i> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <i>Heavenly Home, Utah</i>	
21 REGISTERED NUMBER <i>28</i>			20 UNDERTAKER <i>James J. Lempert</i>	
22 NO. OF BURIAL PERMIT <i>32</i>			DATE OF BURIAL <i>May 7, 1920</i> ADDRESS <i>Parowan B. D. Utah</i>	

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE