

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 37635
Registered No. 12

1. PLACE OF DEATH

County of Franklin
City of Preston

Registration District No. 27
Primary Registration District No. 2119
(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Joseph Belnap

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(Write the word.)

16. DATE OF DEATH

6. DATE OF BIRTH Jan 26 1853
(Month) (Day) (Year)

April 1 1922
(Month) (Day) (Year)

7. AGE 69 Yrs. 2 Mos. 5 ds.
IF LESS than 1 day how many hrs. or min.?

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13 1922 to Mar. 29 1922 that I last saw him alive on Mar. 29 1922 and that death occurred on the date stated above, at 9¹⁵ A.M. The CAUSE OF DEATH* was as follows:
Pneumonia Bronchial

8. OCCUPATION (a) Trade, profession or particular kind of work Lumberman
(b) General nature of industry, business or establishment in which employed (or employer)

(Duration) Yrs. mos. 14 ds.
Contributory (Secondary) Influenza

9. BIRTHPLACE (State or Country) Ogden Utah

(Duration) Yrs. mos. 21 ds.
(Signed) J. R. Guttery, M.D.

10. NAME OF FATHER Gilbert R. Belnap

1-2 1922 (Address) Preston Ida.

11. BIRTHPLACE OF FATHER (State or Country) U.S.A.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

12. MAIDEN NAME OF MOTHER Adaline Knight

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

13. BIRTHPLACE OF MOTHER (State or Country) Calif. U.S.A.

At place of death yrs mos days. In the State yrs mos days
Where was disease contracted if not at place of death?
Former or usual residence

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Joseph Belnap
(Address) Preston Ida.

19. PLACE OF BURIAL OR REMOVAL Ogden Utah DATE OF BURIAL Apr. 4 1922

15. Filed Apr. 8 1922 Mrs. Ida L. Sipes
Local Registrar

20. UNDERTAKER W. A. Spidmore ADDRESS Preston Ida.

State of Idaho.)
County of Ada)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

OCT 22 1990
Date Issued

Richard W. Blair
State Registrar of Vital Statistics



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.