

U.S. COMPANY, SHEPHERD

STATE FILE NUMBER

DECEASED - NAME		LOCAL FILE NUMBER		FIRST		MIDDLE		LAST		COUNTY OF DEATH		DATE OF BIRTH (MONTH, DAY, YEAR)		DATE OF DEATH (MONTH, DAY, YEAR)	
GEORGE		BISSELL		HARRISON		HARRISON		HARRISON		UTAH		M. 9-9-1891		JUNE 1st, 1969	
1. RACE (SPECIFY)		2. AGE - LAST BIRTHDAY (YEARS)		3. UNDER 1 YEAR		4. UNDER 1 YEAR		5. UNDER 1 YEAR		6. UNDER 1 YEAR		7. UNDER 1 YEAR		8. UNDER 1 YEAR	
WHITE		77		YES		YES		YES		YES		YES		YES	
4. CITY, TOWN, OR LOCATION OF DEATH		5. INSIDE CITY LIMITS (SPECIFY YES OR NO)		6. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		7. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)		8. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)		9. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)		10. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)		11. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)	
M. ROCK SPRINGS, WYOMING		YES		SWEETWATER MEMORIAL HOSPITAL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		MARRIED		MARRIED		MARRIED		MARRIED	
12. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		13. CITIZENSHIP OF WHAT COUNTRY		14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		15. INSIDE CITY LIMITS (SPECIFY YES OR NO)		16. INSIDE CITY LIMITS (SPECIFY YES OR NO)		17. INSIDE CITY LIMITS (SPECIFY YES OR NO)		18. INSIDE CITY LIMITS (SPECIFY YES OR NO)		19. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
UTAH		U.S.A.		ENGINEER		YES		YES		YES		YES		YES	
12. 712-05-3405		COUNTY		CITY, TOWN, OR LOCATION		MOTHER - MARRIAGE NAME		MOTHER - MARRIAGE NAME		MOTHER - MARRIAGE NAME		MOTHER - MARRIAGE NAME		MOTHER - MARRIAGE NAME	
WYOMING		SUBLETTE		PINEALE		ADA		ADA		ADA		ADA		ADA	
FATHER - NAME		FIRST		MIDDLE		LAST		MOTHER - MARRIAGE NAME		MOTHER - MARRIAGE NAME		MOTHER - MARRIAGE NAME		MOTHER - MARRIAGE NAME	
GEORGE		HARRISON		HARRISON		HARRISON		HARRISON		HARRISON		HARRISON		HARRISON	
15. INFORMANT - NAME		16. MAILING ADDRESS		17. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		18. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		19. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		20. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		21. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		22. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)	
DR. G. M. HARRISON, MD		709 B. STREET, ROCK SPRINGS, WYOMING 82901		709 B. STREET, ROCK SPRINGS, WYOMING 82901		709 B. STREET, ROCK SPRINGS, WYOMING 82901		709 B. STREET, ROCK SPRINGS, WYOMING 82901		709 B. STREET, ROCK SPRINGS, WYOMING 82901		709 B. STREET, ROCK SPRINGS, WYOMING 82901		709 B. STREET, ROCK SPRINGS, WYOMING 82901	
17. DR. G. M. HARRISON, MD		DEATH WAS CAUSED BY:		IMMEDIATE CAUSE		IMMEDIATE CAUSE		IMMEDIATE CAUSE		IMMEDIATE CAUSE		IMMEDIATE CAUSE		IMMEDIATE CAUSE	
18. CONDITIONS, IF ANY, WHICH MAY BE IMMEDIATE CAUSE (a) TO (c) OF THE UNDERLYING CAUSE LAST		(a) CARDIORESPIRATORY FAILURE		(b) CARCINOMA OF RECTUM		(c) WITH GENERALIZED METASTASIS		(a) CARDIORESPIRATORY FAILURE		(b) CARCINOMA OF RECTUM		(c) WITH GENERALIZED METASTASIS		(a) CARDIORESPIRATORY FAILURE	
19. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) TO (c)		20. DATE OF INJURY (MONTH, DAY, YEAR)		21. HOUR		22. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		23. AUTOPSY (YES OR NO)		24. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		25. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		26. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
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