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FORM VS-2-2 WYOMING DEPARTMENT OF PUBLIC HEALTH, DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. 37		CERTIFICATE OF DEATH		STATE OF WYOMING		DEPARTMENT OF PUBLIC HEALTH		DIVISION OF VITAL STATISTICS		1965		350	
BIRTH NO.		1. PLACE OF DEATH a. COUNTY Laramie		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wyoming		b. COUNTY Sublette		3. NAME OF DECEASED (Type or print) First Middle Last Clarence Chester Smith		4. DATE OF DEATH Month Day Year Feb. 1, 1965		5. SEX Male	
a. CITY, TOWN, OR LOCATION Cheyenne, Wyoming		c. LENGTH OF STAY IN 1b 19 Days		c. CITY, TOWN, OR LOCATION Pinedale, Wyoming		d. STREET ADDRESS Box 83		e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		g. IS RESIDENCE ON A FARM OR RANCH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION VAC, Cheyenne, Wyoming		(If not in hospital, give street address)		e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		g. IS RESIDENCE ON A FARM OR RANCH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		h. DATE OF DEATH Month Day Year Feb. 1, 1965		i. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bartender		10b. KIND OF BUSINESS OR INDUSTRY Bar		11. BIRTHPLACE (State or foreign country) Cheyenne, Wyoming		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Charles Smith		14. MOTHER'S MAIDEN NAME Annie B. Carbaugh		14a. NAME OF HUSBAND OR WIFE N/A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. 526 03 0614		17. INFORMANT Veterans Administration Records, Wyo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute anterior myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 10 hours		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
4201		DUE TO (b) Coronary arteriosclerotic heart disease		10 years plus		DUE TO (c) Diabetes Mellitus		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Cheyenne, Wyoming		20g. COUNTY Sublette		20h. STATE Wyoming		21. I attended the deceased from 1-13-65 to 2-1-65		22. SIGNATURE Chester P. Stevenson, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 2/4/65		23c. NAME OF CEMETERY OR CREMATORY Big Piney, Wyoming		23d. LOCATION (City, town, or county) Big Piney, Wyoming		23e. DATE RECD. BY LOCAL REG. 8-10-65		23f. REGISTRAR'S SIGNATURE L. J. Cohen		23g. DATE SIGNED 2-3-65	
24. FUNERAL DIRECTOR Schrader		ADDRESS Cheyenne		25. DATE RECD. BY LOCAL REG. 8-10-65		26. REGISTRAR'S SIGNATURE L. J. Cohen		27. DATE SIGNED 2-3-65		28. SIGNATURE Chester P. Stevenson, M.D.		29. DATE SIGNED 2-3-65	

THIS IS TO CERTIFY THAT THIS REPRODUCTION IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL STATISTICS, WYOMING DEPARTMENT OF PUBLIC HEALTH, CHEYENNE, WYOMING.

L. J. Cohen, M.D.

LAWRENCE J. COHEN, M.D.
STATE REGISTRAR

DATE ISSUED June 6, 1969

By

(Signature)
DIVISION OF VITAL STATISTICS