

I, J. H. Waters M. D., County Health Officer and Local Registrar of Vital Statistics within and for Uinta County, do hereby certify that the within and foregoing certification is a true and correct copy of the information contained in the original certificate submitted to my office and which will be forwarded to the Registrar of Vital Statistics, State Department of Public Health, Cheyenne, Wyoming

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

LOCAL FILE NUMBER

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
Anne Levenia Samuels								Female		January 30, 1970	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS)		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH			
White		55		HOURS MIN.		July 22, 1915		Uinta			
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
Evanston		Yes		Memorial Hospital of Uinta County							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
Wyoming		USA		Married		Samuel Samuels					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
520-42-0674		Registered Nurse		Memorial Hospital of Uinta Co.							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
Wyoming		Uinta		Evanston		Yes		825 Lombard St.			
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		FIRST MIDDLE LAST	
Edward						Overy		Anne		Olend	
INFORMANT—NAME		FIRST		MIDDLE		LAST		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
Samuel Samuels								825 Lombard St. Evanston, Wyoming 82930			
PART I DEATH WAS CAUSED BY:		IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
(a) Acute Intermittent Porphyria										20 yrs. +	
(b) DUE TO, OR AS A CONSEQUENCE OF:											
(c) DUE TO, OR AS A CONSEQUENCE OF:											
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)											
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		AUTOPSY (YES OR NO)		IF YES, WERE FINDINGS CORROBORATED IN DETERMINING CAUSE OF DEATH	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
CERTIFICATION—PHYSICIAN		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
J. H. Waters, M.D.		1954 TO 1-30-70		21:1-30-70		21:1-30-70		Did		21:12:20	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		M. 22b		THE DECEASED WAS PRONOUNCED DEAD		DAY		YEAR	
J. H. Waters, M.D.											
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
226 - 9th Street		Evanston, Wyoming		82930							
BURIAL		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE			
Removal		Mountain View									
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
Feb. 2, 1970		Gilbert Bills Funeral Home 800 Uinta Evanston Wyoming									
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
Gilbert O. Bills		Dorothea E. Guild, Deputy		Feb. 2, 1970							