

**STATE OF WYOMING**  
**DEPARTMENT OF PUBLIC HEALTH**

**CERTIFICATE OF DEATH**

TYPE, OR PRINT IN  
PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

LOCAL FILE NUMBER

STATE FILE NUMBER

DATE OF DEATH (MONTH, DAY, YEAR)

1 January 30, 1970

**DECEASED—NAME**

FIRST

MIDDLE

LAST

SEX

DATE OF DEATH (MONTH, DAY, YEAR)

1 January 30, 1970

COUNTY OF DEATH

Uinta

257

*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

**DECEASED**

*Anne*

Levenia

Samuels

F

emale

1

January

30

1970

257

**STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)**

*Wyoming*

USA

4

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

257

**USUAL RESIDENCE  
WHERE DECEASED  
LIVED, IF DEATH  
OCCURRED IN  
RESIDENCE, GIVE  
RESIDENCE BEFORE  
ADMISSION.**

*Evanson*

Memorial Hospital of Uinta County

1

Memorial Hospital of Uinta County

257

**RACE, WHITE, NEGRO, AMERICAN INDIAN,  
ETC. (SPECIFY)**

*White*

1

Memorial Hospital of Uinta County

1

257

**CITY, TOWN, OR LOCATION OF DEATH**

*Evanson*

Memorial Hospital of Uinta County

1

Memorial Hospital of Uinta County

257

**STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)**

*Wyoming*

USA

1

Memorial Hospital of Uinta County

257

**USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF  
WORKING LIFE, EVEN IF RETIRED)**

*Registered Nurse*

1

Memorial Hospital of Uinta County

1

257

**DEATH WAS CAUSED BY:**

*Acute Intermittent Porphyria*

1

Memorial Hospital of Uinta County

1

257

**CAUSE**

*(a) Acute Intermittent Porphyria*

1

Memorial Hospital of Uinta County

1

257

**INJURY AT WORK**

*Office Work*

1

Memorial Hospital of Uinta County

1

257

**DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST  
OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.**

*1-30-70*