



Episode 14: Understand how records are created

5 Minute Challenge—Evaluate what you have discovered!

Steps:

1. Review the facts about your ancestor.
2. Summarize what you've learned about your research question.
3. Compare new information you've discovered with what you've already written down about your family.
4. Decide which information is correct.



Vocabulary

Vital record:

A document created at birth, marriage, death, or other significant events. Includes important information about dates and locations.

Helpful hints:

Often there will be information you will not understand the first time you look at a record.

Keep at it! Look for one piece of information at a time.

Carefully evaluating what you find will help you:

-Verify what you already know.

-Find new information and questions.

Enjoy piecing together the story of your ancestor's life!

FEDERAL SECURITY AGENCY UNITED STATES PUBLIC HEALTH SERVICE National Center of Vital Statistics		STATE OF UTAH CERTIFICATE OF DEATH		State File No. Register's No. 2081
1. PLACE OF DEATH: (a) County <u>Salt Lake</u> (b) City or town <u>Salt Lake City</u> (If outside city or town, State name NECESSARY)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Utah</u> (b) County <u>Salt Lake</u> (c) City or town <u>Salt Lake City</u> (If outside city or town, State name NECESSARY)		
(c) Name of hospital or institution: <u>St. Mary's Hospital</u> (If not in hospital or institution, give street number or location)		(d) Street No. <u>671 Milton Avenue</u> (If not give house)		
(d) Length of stay: In hospital or institution: <u>2 months</u> Specify whether in this community: <u>Y</u> (Yes) (N) (No) Date, month or day		(e) In this community: <u>Y</u> (Yes) (N) (No) (f) If foreign born, how long in U. S. A. _____ years		
3. (a) FULL NAME: <u>WILLIAM HARRISON STORVICK</u>				
3. (b) If veteran, No		3. (c) Social Security No. <u>XXXX</u>		
4. Sex: <u>Male</u>		4. (a) Single, widowed, married, or divorced		
4. (b) Color or race: <u>White</u>		4. (c) Name of husband or wife if alive: <u>George Albert Eldredge</u>		
4. (c) Age of husband or wife if alive: <u>Married</u> (Yes) (No) (Specify)		4. (d) Age of decedent: <u>75</u> (Specify)		
7. Both date of deceased: <u>April 13, 1947</u>		8. AGE: <u>75</u> (Specify) (M) (Male) (F) (Female) (Y) (Year) (M) (Month) (D) (Day)		
9. Birthplace: <u>Salt Lake City, Utah</u> (City, town or county) (State or foreign country)		10. Usual occupation: _____ (State or foreign country)		
11. Industry or business: <u>At home</u>		12. Name: <u>William H. Harrison</u>		
13. Birthplace: <u>England</u> (City, town or county) (State or foreign country)		14. Maiden name: <u>MARION FORBES</u>		
15. Birthplace: _____ (City, town or county) (State or foreign country)		16. Informant's own signature: _____ (a) Address: <u>1111 S. 1400 Avenue No. 11</u> (b) Date dictated: <u>April 14, 1947</u> (c) Place held or position: <u>Salt Lake City Sanitary</u>		
18. (a) Mortuary: <u>Larkin Mortuary Co.</u> (b) Signature of funeral director: _____ (c) Address: <u>Salt Lake City, Utah</u> (d) Was body embalmed? (a) Yes (b) No		19. (a) For S. 1547 (b) _____ (This record kept separate)		
20. DATE OF GRAVE: <u>November 2nd, 1947</u> (Specify day, month and year)		21. MEDICAL CERTIFICATION I hereby certify that I caused the death of _____ on _____ at _____ Cause: <u>Heart condition</u> Immediate gift of death: _____ Due to: <u>Heart condition</u> Due to: _____ Other conditions: _____ (Specify previous within 1 month of death)		
22. If death was due to natural causes, IS in the following: (a) Accident, suicide, or homicide (Specify) (b) Date of occurrence: (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, or public place? (Specify) (e) While at Work? (f) Means of injury: _____ (g) Signature of physician: _____ (h) Address: _____		23. Signature of _____ (M. D. or other) _____ Address: _____		