

UTAH DEPARTMENT OF
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DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS

DEATH CERTIFICATES, 1905-

Your search result for MARGARET EDITH WOOLLEY is below.

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MAY 78 1952 2 0 0 8 9 4		52 13 0006	
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		CERTIFICATE OF DEATH	
BIRTH NO. 143		01556	
		Margaret Edith (Holt) UTAH Woolley	
		STATE FILE NO. _____ REGISTRAR'S NO. 9	
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If insti	
a. COUNTY <i>Kane</i>		a. STATE <i>Utah</i> b. COUNTY <i>Kane</i>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <i>Kanab</i>		c. CITY (if outside corporate limits, write RURAL) OR TOWN <i>Kanab</i>	
c. LENGTH OF STAY (this place) <i>8 years</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>none</i>			
3. NAME OF DECEASED			4. DATE OF DEATH
a. (First) <i>Margaret</i> b. (Middle) <i>Edith</i> c. (Last) <i>Woolley</i>			(Month) <i>April</i> 3
5. SEX <i>Female</i> 6. COLOR OR RACE <i>White</i>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>
8. DATE OF BIRTH			9. AGE (In yrs. of last birthday) Under 1 Yr. Months Days
Mo. <i>Feb.</i> Day <i>22</i> Year <i>1981</i>			<i>71</i> <i>2</i> <i>8</i>
10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or foreign country)
<i>House wife</i>			<i>Manchester, England</i>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	HUSBAND'S OR WIFE'S NAME
<i>John Russell Holt</i>		<i>Anna Sophia Anthony</i>	<i>Joseph Anthony D.</i>
Birthplace <i>England</i>		Birthplace <i>England</i>	
15. WAS DECEASED ever in U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT and ADDRESS
<i>no</i>		<i>no</i>	<i>Rachel Woolley</i>
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Edema</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <i>331X</i> DUE TO (b) <i>coronary thrombosis -</i>	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (c) <i>arterio-sclerosis -</i>	
II. OTHER SIGNIFICANT CONDITIONS		INTERV ONSET	
Conditions contributing to the death but not related to the disease or condition causing death.		<i>25</i>	
19a. DATE OF OPERATION		19. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY or TOWN) (COUNTY) (ST)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>1946</i> , 19... TO <i>4-20</i> , 19... THAT I LAST SAW THE DEU ON <i>4-20</i> , 19... AND THAT DEATH OCCURED AT <i>11 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE			
23a. SIGNATURE <i>M. Parison</i> (Degree or title) <i>m.p.</i>		23b. ADDRESS <i>Kanab, Ut</i>	
		23c. DA <i>5-</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY or CREMATORY
<i>Burial</i>		<i>May 3-1952</i>	<i>Kanab City Cemetery</i>
24d. LOCATION (City, town, or county)			
<i>Kanab Utah</i>			
DATE REC'D BY LOCAL REG. <i>03-23-52</i>		REGISTRAR'S SIGNATURE <i>Lester Y. Swapp</i>	
		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS	
		<i>Edw. B. Chawleski - Kanab Ut</i>	
		Funeral Director's No. <i>117</i> Embalmer's No. <i>2</i>	

Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.