

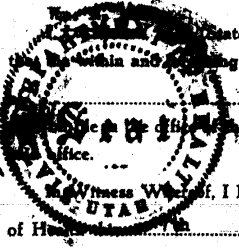


10 BIRTHPLACE (City or Town) <u>Salt Lake City</u> (State or Country) <u>Utah</u>		If operation, date of <u>ONE YEAR AGO</u> Condition for which performed _____ Was there an autopsy? <u>NO</u> If death was due to external causes (violence) fill in also the following: Accident, outside, or homicide? _____ Date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in boat, or in public place: _____
11 NAME OF DECEASED <u>Adolf Laubengaler</u>		
12 BIRTHPLACE OF DECEASED <u>Germany</u> (State or Country)		
13 MARRIED NAME OF DECEASED <u>Anna Schwartz</u>		
14 BIRTHPLACE OF MOTHER <u>Germany</u> (State or Country)		Manner of injury _____ Nature of injury <u>Deceased had a brain operation 1 year ago-he died very suddenly-H. Raile</u> Was disease or injury in way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Henry Raile-Ass't Health Comm. M. D.</u> <u>Oct. 28 19 32</u> Address <u>Salt Lake City, Utah</u>
15 INFORMANT (Signature) <u>(M) Marie Laubengaler</u> Address <u>1024 Blaine Avenue</u>		
16 BURIAL, CREMATION, OR REMOVAL Place <u>Nasatch Lawn Cem</u> Date <u>October 30 19 32</u>		
17 UNDERTAKER <u>Larkin Mortuary</u> Address <u>Salt Lake City, Utah</u>		
18 FILED <u>Oct. 28 19 32</u> <u>L. E. Viko</u> Registrar		

State of Utah, County of Salt Lake. } ss.

I, State Health Commissioner and State Registrar of Vital Statistics, do hereby certify that the within and foregoing record of death is a true and correct copy of the original certificate of death of JOSEPH HYRON LAUBENGALER who died at the residence of the decedent at Salt Lake City, Utah, and made of record in my office on the \_\_\_\_\_ day of \_\_\_\_\_, A. D. 1932.

Witness my hand and affixed the official seal of the Utah State Board of Health on this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 1932.



Wm. M. McKay  
State Health Commissioner and State Registrar of Vital Statistics.

EMSIGN ABSTRACT CO. AUG 19 1942

Recorded at request of 3:50 p.m. 1-50 Cornelia S. Lund, Recorder S. E. Jordan  
 By F. O. [Signature] Dep. Book 320 Page 39 Ref 631-29-3  
miss index # 3

STATE HEALTH COMMISSIONER AND STATE REGISTRAR OF VITAL STATISTICS  
 SALT LAKE CITY, UTAH