



Brigham Young University Lee Library L. Tom Perry Special Collections; MSS P 1

ILA Rhoda Shiner B. 1899

I currently have the doll she is holding
in picture

RC Miller

↓
Agnes Miller → Silas Shiner
↓
ILA Shiner → Thomas Averett
↓
Grant Averett → Frances Davis
↓
Beverly Averett → Ben Tucker
↓
Tammy Tucker

Agnes took Grant away from
mother and raised him.

1 1 0 3 4 0 0 5 4 6

State Board of Health File No. 103

STATE OF UTAH

163

1 PLACE OF DEATH County Garbord STATE OF UTAH
Product Helper, Utah CERTIFICATE OF DEATH
Town or City Helper, Utah On Highway #50 of Helper, Main St. Ward
2 FULL NAME Tom Averett 3 blocks S.W. of (If death occurred in a hospital or institution, give the NAME (instead of street and number))

3 RESIDENCE: No. Latuda, Utah St. _____
(a) Length of residence in city or town (Usual place of abode)
Years Months Days (If non-resident give city or town and State)
0 0 0 (b) How long in U. S. if of foreign birth? Years Months Days

4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, DIVORCED, OR SEPARATED (Write the word) Married

7 DATE OF BIRTH Feb. 9 1893 8 AGE 41 9 OCCUPATION OF DECEASED Coal Miner
(a) Trade, profession, or particular kind of work done, as engineer (type of), miner, bookkeeper, etc.
(b) Industry or business in which work was done, as railway, mine (kind of), bank, etc.
(c) Date deceased last worked at this occupation (month, day, and year) 10/31/34 (d) Total time (years) spent in this occupation 25

10 BIRTHPLACE (City or Town) Mt. Pleasant Utah
11 NAME OF FATHER Charles W. Averett
12 BIRTHPLACE OF FATHER Mt. Pleasant, Utah
13 MAIDEN NAME OF MOTHER Mary Christensen
14 BIRTHPLACE OF MOTHER Mt. Pleasant Utah

15 INFORMANT (Signature) Madame Bennett
Address 3564 Maple Ave Ogden UT
16 BURIAL, CREMATION, OR REMOVAL Place Mt. Pleasant Date 10/17-1934
17 UNDERTAKER BYNUM FUNERAL HOME
Address Prige, Utah

18 FILED Oct. 15 1934 19 DATE OF DEATH Oct-14, 1934
REGISTERED NUMBER 17 BY L. W. REGISTRAR

20 I last saw him alive on _____ 19____ to _____ 19____
I HEREBY CERTIFY, That I attended deceased from death occurred on the date stated above, at _____ A. M. _____
The principal cause of death and related causes of impotence were as follows:
The furors find Thomas Averett died being struck by Ford automobile by parties unknown at or near Helper City Oct 14 1934

Other contributory causes of impotence:
If operation, date of _____
Condition for which performed _____
Was there an autopsy? NO

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____
Specify whether injury occurred in industry, in home, or in public place. _____
(Specify city or town, county and State)

Manner of injury _____
Name of injury _____
Was disease or injury in any way related to occupation of deceased? NO

If so, specify (signed) W. W. Hammond, Surgeon
Oct 15 1934 Address Prige, Utah

N. B. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF UTAH
CERTIFICATE OF DEATH

State File No. 121
Registrar's No. 18

1. PLACE OF DEATH:

(a) County..... Carbon
(b) City or town..... Price
(c) Name of hospital or institution.....
DEGEMER HOSPITAL
(If not in hospital or institution give street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 2 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Utah (b) County..... Carbon
(c) City or town..... Price
(If outside city or town limits write RURAL)
(d) Street No.....
(If foreign born, how long in U.S.A. years

3 (a) FULL NAME..... ILA SHINNER MITCHELL

3 (b) If veteran, name war..... NO

3 (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... MARCH 5 1946

21. I HEREBY CERTIFY, That I attended deceased from 11:30 P.M. to 11:45 P.M.

I last saw him..... alive on.....

death occurred on the date stated above, at 11:30 P.M. Immediate cause of death..... stroke by stroke

Due to fracture of skull, Duration swollen

Due to infarction of brain,

Due to infarction of brain,

Other conditions..... 1946

(Include pregnancy within 3 months of death)

Major findings:.....

Of operations:.....

Of autopsy:.....

Physician Underlies the cause to which death is charged as initially.....

MOTHER FATHER

16 (a) Informant's own signature..... R. S. Walker

(b) Address..... Price, Utah

17 (a) REMOVAL..... (b) Date thereof..... Mar. 9-46

(Burial, cremation, or removal)..... (Month) (Day) (Year)

(c) Place: burial or cremation..... Castle Dale, Uta

18 (a) Mortuary..... Mitchell Funeral Home

(b) Signature of funeral director..... R. S. Walker

(c) Address..... Price, Utah

(d) License No. 102

(e) Was body embalmed? Yes (f) Embalmer's License No. 218

19 (a) MAR 9 1946 (b) Price, Utah

(Date received local register) (Registrar's signature)

MARGIN RESERVED FOR BINDING
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