Descendants of Gilbert Belnap

A Sampler

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Lynette Nicolas Photography

Descendants of Gilbert Belnap

A Sampler

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Descendants of Gilbert Belnap

A Sampler

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Descendants of Gilbert Belnap

A Sampler

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Descendants of Gilbert Belnap

A Sampler

Items From the
Belnap Family Archives

Thomas Morrington and Dorothy Bralinger

Thomas Bryan and Bridgett Allen

Matthew Clarke and Elizabeth Clarke
married the xviij^th of October

1616 William Hammon and Hendrina Cadell
married the viij^th of June

1617 Abraham Bettell and Marie Stallion married the
xxiiij^th of October

Gilbert Belnap Family Death Certificates

P 2 0 2 5 4 9 Adeline Knight Belnap

State Board of Health File No. ~~1130~~ 451

STATE OF UTAH—DEATH CERTIFICATE

1 PLACE OF DEATH

County Salt Lake

Precinct ..... or Village ..... or City Salt Lake (No. 2294 So 9th East St.; ..... Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Adeline Knight Belnap

(a) Residence. No. 2294 So 9 East St., ... Ward. #5 yrs in Utah

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Gilbert Belnap

6 DATE OF BIRTH May 4, 1831 (Month) (Day) (Year)

7 AGE: Years 88 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Harrisburg
(State or country) New York

PARENTS

10 NAME OF FATHER: Vincent Knight

11 BIRTHPLACE OF FATHER (State or country): Norwich Mass.

12 MAIDEN NAME OF MOTHER: Martha McBride

13 BIRTHPLACE OF MOTHER (State or country): Mass.

14 Informant Lola Belnap
(Address) 2294 So 9th East

15 Filed 6-12, 1919 [signature] REGISTRAR

21 REGISTERED NUMBER P-1021

22 NO. OF BURIAL PERMIT P-1021

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 10, 1919 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Unknown but natural

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What was test confirmed diagnosis? .....

(Signed) Ray Grostick M.D.

6-12, 1919 (Address) 230 Health Bldg

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Hooper Utah — DATE of BURIAL: June 12 1919

20 UNDERTAKER: Larkin Undertakers — ADDRESS: City

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE.

tion 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.

1 0 0 2 9 0 4 7 7 8

State Board of Health File No. 451

STATE OF UTAH—DEATH CERTIFICATE

Gilbert Rosel Belnap

1 PLACE OF DEATH

County: Weber

Precinct or Village:

City or: Ogden No. Dee Hospital St., Ward [If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME: Gilbert Rosel Belnap

(a) Residence. No. 556 - 24 St. (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

5a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF: Sarah Jane Cole

6 DATE OF BIRTH: January 8 (Month) (Day), 1849 (Year)

7 AGE: 80 yrs. 0 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer): Sheriff
(c) Name of Employer: Weber County

9 BIRTHPLACE (City or town): Wells Fredericks
(State or Country): N. Brunswick

PARENTS

10 NAME OF FATHER: Gilbert Belnap

11 BIRTHPLACE OF FATHER (State or Country): Canada

12 MAIDEN NAME OF MOTHER: Adeline Knight

13 BIRTHPLACE OF MOTHER (State or Country): New York

14 Informant: Thomas Belnap

Address: 2114 Madison Ave.

15 Filed JAN 26 1929 N. S. Lindsay Registrar

Registered Number 21: 52

No. of Burial or Removal Permit 22: 52

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 23 (Month) (Day) 1929 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to Jan 25, 1929, that I last saw him alive on Jan 24, 1929, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (100-a)

(Duration) yrs. mos. 5 ds.

Contributory (Secondary): Old age

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) E. M. Allen M. D.

Jan 25, 1929 (Address) Ogden Utah

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: City Cemetery

DATE OF BURIAL: Jan 27 1929

20 UNDERTAKER: Buchanan & Son

ADDRESS: Ogden Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

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.

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.

1 PLACE OF DEATH

County Weber 23-047223

State Board of Health File No. 391 457

STATE OF UTAH—DEATH CERTIFICATE

Precinct or Village or City Ogden No. 239 34th St., 1 Ward

[If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME Reuben Belnap Reuben Belnap

(a) Residence. No. 239 - 34th St., Ward.
(Usual place of abode) [IF NON-RESIDENT GIVE CITY OR TOWN AND STATE]

Length of residence in city or town where death occured 70 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male | 4 Color or Race Cohole | 5 Single, Married, widowed, or Divorced (write the word) Married

5a If Married, widowed, or Divorced Husband of (or) Wife of Lizzie Hammon

6 Date of Birth June 14, 1851 (Month) (Day) (Year)

7 Age 72 yrs. 4 mos. 6 ds. | If LESS than 1 day hrs. or min.?

8 Occupation of Deceased
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) & Carpenter
(c) Name of Employer Ogden

9 Birthplace (City or town) Utah
(State or country)

PARENTS
10 Name of Father Hilbert Belnap
11 Birthplace of Father (State or country) Canada
12 Maiden Name of Mother Adeline Knight
13 Birthplace of Mother (State or country) Illinois

14 Informant Lincoln Belnap
Address 237 - 34th St Ogden

15 Filed OCT 22 1923 O. W. Wilson Registrar

REGISTERED NUMBER 21 3819 | NO OF BURIAL PERMIT 22 4250

MEDICAL CERTIFICATE OF DEATH

16 Date of Death October 20 - 1923 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1923, to Oct 20, 1923 that I last saw him alive on Oct 20, 1923, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:
Acute Endocarditis

(Duration) yrs. mos. 1 ds.

Contributory (Secondary) La Grippe (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? History

(Signed) [illegible] M. D.
Oct 22 1923 (Address) Ogden

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal Hooper Cem. | Date of Burial Oct 24 1923

20 Undertaker E. J. Lundquist | Address Ogden Ut.

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE.

Coroner

FORM V. S. No. 5-25 M. 1-19.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—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.

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

(No. ..... St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 37635

Registered No. 12

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

County of Franklin

City of Preston

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Joseph Belnap

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married

6. DATE OF BIRTH: Jan (Month) 26 (Day) 1853 (Year)

7. AGE: 69 Yrs. 2 Mos. 5 ds. IF LESS than 1 day how many ..... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work: Lumberman
(b) General nature of industry, business or establishment in which employed (or employer):

9. BIRTHPLACE (State or Country): Ogden Utah

10. NAME OF FATHER: Gilbert R Belnap

11. BIRTHPLACE OF FATHER (State or Country): U.S.A.

12. MAIDEN NAME OF MOTHER: Adaline Knight

13. BIRTHPLACE OF MOTHER (State or Country): U.S.A.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ernest Belnap
(Address) Preston Ida

15. Filed Apr. 8 1922 Mrs Ida Tippets Local Registrar

SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: April (Month) 1 (Day) 1922 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13 1922 to Mar. 29 1922 that I last saw him alive on Mar. 29 1922 and that death occurred on the date stated above, at 9 15 A.M.

The CAUSE OF DEATH* was as follows: Pneumonia Bronchial

(Duration) Yrs. mos. 14 ds.

Contributory (Secondary) Influenza

(Duration) yrs. mos. 21 ds.

(Signed) A R Butler M. D.

1-2 1922 (Address) Preston Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... days. In the State ..... yrs. ..... mos. ..... days

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Ogden Utah — DATE OF BURIAL: Apr. 4 1922

20. UNDERTAKER: W.A. Shidmore — ADDRESS: Preston Ida

State of Idaho. . . . .)
County of Ada . . . . .)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

OCT 2 2 1990
Date Issued

Richard W. Blair
State Registrar of Vital Statistics

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.

1 PLACE OF DEATH 2 3 0 4 4 4 3 State Board of Health File No. 113

County Weber

STATE OF UTAH—DEATH CERTIFICATE

Precinct or Village Ray

Martha Jane Hammon

[If death occurred in a hospital or institution give its NAME instead of street and number.]

City ..... No. ..... St., ... Ward

2 FULL NAME Martha Jane Hammon

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If Married, Widowed, or Divorced Husband of (or) Wife of Lepi B. Hammon

6 Date of Birth September 17, 1855 (Month) (Day) (Year)

7 Age 67 yrs. 6 mos. 4 ds. | If LESS than 1 day ..... hrs. or ..... min.?

8 Occupation of Deceased
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of Employer .....

9 Birthplace (City or town) Ogden
(State or Country) Utah

PARENTS
10 Name of Father Gilbert Belnap
11 Birthplace of Father (State or Country) England
12 Maiden Name of Mother Adeline Knights
13 Birthplace of Mother (State or Country) England

14 Informant Amasa Hammon
Address Ray, Utah

15 Filed March 26, 1923 W. F. Robinson Registrar

REGISTERED NUMBER 21 4 | NO. OF BURIAL PERMIT 22 3

MEDICAL CERTIFICATE OF DEATH

16 Date of Death March 21 — 1923 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. —, 1920, to March 21, 1923 that I last saw her alive on Mar 10, 1923 and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH* was as follows:
Diabetes Mellitus
(Duration) 3 yrs. 3 mos. ds.
Contributory (Secondary) Cerebral Embolism
(Duration) yrs. mos. 12 ds.

18 Where was disease contracted —
if not at place of death? .....
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Symptoms
(Signed) J. C. Dickson M. D.
Mar 23 1923 (Address) Ogden Utah

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal Roy Cemetery | Date of Burial 3/25 1923

20 Undertaker E. H. Hildebrandt | Address Ogden Ut.

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

3804931

State Board of Health File No. 394

451

STATE OF UTAH
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Weber
Precinct: or
Town or City: Ogden No. Dee Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME: Hyrum Belnap

3. Residence: No. 2149 Madison ave St.
(Usual place of abode) (If non-resident give city or town and State)

(a) Length of residence in city or town where death occurred.	Years	Months	Days	(b) How long in U. S., if of foreign birth?	Years	Months	Days

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	5. COLOR OR RACE	6. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the Word)
Male	White	Married

6a. IF Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF: Christina Rasmussen

7. DATE OF BIRTH (month, day, and year): March 24, 1858

8. AGE Years	Months	Days	IF LESS than 1 day, ___ hrs. or ___ min.?
80	5	24	

9. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work done, as engineer (type of), miner, bookkeeper, etc.: Retired Lumberman
(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 and year):
(d) Total time (years) spent in this occupation:

10. BIRTHPLACE (City or Town): Ogden
(State or Country): Utah

PARENTS

11. NAME OF FATHER: Gilbert Belnap

12. BIRTHPLACE OF FATHER (State or Country): New York

13. MAIDEN NAME OF MOTHER: Adaline Knight

14. BIRTHPLACE OF MOTHER (State or Country): New York

15. INFORMANT (Signature): Hyrum A. Belnap
Address: Ogden, Utah

16. BURIAL, CREMATION, OR REMOVAL
Place: Ogden City cem. Sept. 21 1938
Larkin & Sons

17. UNDERTAKER: Larkin
Address: Ogden Utah 540

18. FILED: SEP 19 1938 Windsor Noall REGISTRAR.
REGISTERED NUMBER: N-438

19. DATE OF DEATH (Month, day, and year): Sept. 18 th 1938

20. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1938 to Sept. 19 1938
I last saw him alive on Sept. 17 1938
death occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration Yrs.	Mos.	Ds.
Cerebral Hemorrhage			10
Due			
Other contributory causes of importance:			

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 city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Conrad Jensen M. D.
Sept. 18 1938 Address Ogden

OCCUPATION is very important. See instructions on back of certificate.

4-10-37 1234 Cottrell Prg. Co.

United States
Department of Commerce
Bureau of the Census

APR 12 1948

Certificate Of Death

STATE OF IDAHO

State File No. 1101
Local Reg. No. 12
Reg. Dist. No. 631

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Salem
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 60 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Salem
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 62 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Augustus Weber Belnap 1623

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 5. Color or race Caucasian
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Dead
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 25, 1860

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	87	11	20		

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace ~~Ogden~~ Utah (City or town) (State or foreign country)
Mother Father
12. Name Gilbert Belnap
13. Birthplace Fort Hope Canada (City or town) (State or foreign country)
14. Maiden name Adaline Knight
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature A. W. Belnap
and Address Star Rt 2, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-48 (Month) (Day) (Year)
(c) Place: Wilford
18. Funeral Director's OWN Signature Russel Adams
and Address Blackfoot
19. (a) 3-17-48 (Date received and filed) (b) Mrs. R. E. Young (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 15 1948
at 7.30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar. 1 1948 to March 15 1948
I last saw h. alive on March 15 1948 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. J. Rigby MD (M. D. or other)
and Address Rexburg Date Mar 15 1948
(For additional space, use reverse side)

317

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FAMILY RECORD ONLY

State of Idaho. . . . .)
County of Ada . . . . .)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

OCT 22 1990
Date Issued

Richard W. Blair
State Registrar of Vital Statistics

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.

1 PLACE OF DEATH 2 Vinson Knight Belnap

County Weber

STATE BOARD OF HEALTH FILE NO. 214

Precinct

or Village

or City Ogden (No. Ogden Hospital St.; Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

STATE OF UTAH—DEATH CERTIFICATE

451

2 FULL NAME Vinson Knight Belnap

(a) Residence. No. 2847 Hudson St., 1 Ward. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE the word) Married

5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Hardy

6 DATE OF BIRTH June 26, 1863 (Month) (Day) (Year)

7 AGE Years 56 Months 9 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) H Belnap
(c) Name of employer Lbr. Co

9 BIRTHPLACE (city or town) Ogden
(State or country) Utah

PARENTS

10 NAME OF FATHER Gilbert Belnap

11 BIRTHPLACE OF FATHER (State or country) Ogden Utah

12 MAIDEN NAME OF MOTHER Adeline Knight

13 BIRTHPLACE OF MOTHER (State or country) Wellsville Ut.

14 INFORMANT W. Ray Belnap
(Address) S Ogden Ut.

15 FILED APR 24 1920 Hardy W. Dickson REGISTRAR

21 REGISTERED NUMBER 2316

22 NO. OF BURIAL PERMIT 2271

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 23, 1920 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1920, to April 23, 1920, that I last saw him alive on April 23, 1920 and that death occured, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Obstruction of bowel due to adhesions.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Adhesions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? Yes Date of April 22

Was there an autopsy? No

What test confirmed diagnosis? Obstruction of bowel due to adhesions

(Signed) E R Dunn M. D.

4/24, 1920 (Address) Ogden Ut

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Ogden City Cem. DATE OF BURIAL 4/25 1920

20 UNDERTAKER C H Lindquist ADDRESS Ogden Ut.

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE.

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.

1 1 0 2 9 0 2 0 5 4

State Board of Health File No. 833 451

STATE OF UTAH—DEATH CERTIFICATE

1 PLACE OF DEATH

County Salt Lake

Precinct or Village

City or Salt Lake City No. 762 West 2nd South St., Ward [If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME Amasa Belnap

(a) Residence. No. 762 West 2nd South St.,
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

5a If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF Julia James Belnap

6 DATE OF BIRTH June (Month) 22 (Day), 1867 (Year)

7 AGE ✓ 61 yrs. 10 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of Employer

9 BIRTHPLACE (City or town): Ogden
(State or Country): Utah

PARENTS

10 NAME OF FATHER: Gilbert Belnap

11 BIRTHPLACE OF FATHER (State or Country): New York

12 MAIDEN NAME OF MOTHER: Adeline Knight

13 BIRTHPLACE OF MOTHER (State or Country): England

14 Informant Virgil Bird
Address Idaho Falls Idaho

15 Filed April 30 1929 N. Christopherson Registrar

Registered Number 21 3-790 No. of Burial or Removal Permit 22 3-790

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 28 (Day), 19 29 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 16, 1929, to Apr 28, 1929, that I last saw him alive on Apr 28, 1929, and that death occurred, on the date stated above, at 8:05 PM. The CAUSE DEATH* was as follows:

Carcinoma of lung -

(Duration yrs. 4 mos. - ds.

Contributory (Secondary) Dysphagia -

(Duration yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Who

What test confirmed diagnosis? Clinical findings

(Signed) Wm T Ward, M. D.

4/30, 1929 (Address) 422 Boston Blg Salt Lake City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Hooper, Utah.

DATE OF BURIAL: May 1 1929

20 UNDERTAKER: Deseret Mortuary Co.

ADDRESS: 36 E. 7th So. Salt Lake

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

O W Bluemel

MARGIN RESERVED FOR BINDING

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 instruction on back of certificate.

RECEIVED JUL 9 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 89485

PLACE OF DEATH
County of Franklin
City of Franklin

Registration District No. 22
Primary Registration District No. 2119
Local Registrar's No. 30

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Adeline Lorinda Lowe

(a) Residence. No. St. (If nonresident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred: 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Lowe

6. DATE OF BIRTH (month, day, and year): Aug 1 1868

7. AGE: Years 65 Months 10 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ogden Utah

FATHER
13. NAME: Gilbert Belnap
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER
15. MAIDEN NAME: Adeline Knight
16. BIRTHPLACE (city or town) (State or country): New York N.Y.

17. INFORMENT (Address): John A. Lowe Franklin Id

18. BURIAL, CREMATION, OR REMOVAL Place: Franklin Date: June 12 1934

19. UNDERTAKER (Address): M. W. Mendricks Preston Idaho

20. FILED: July 8, 1934 G. W. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to June 9, 1934, last saw her alive on June 9, 1934; death is said to have occurred on the date stated above, at 1.00 p.m.

The principal cause of death and related causes of importance as follows:

Pleuro Pneumonia — Date of onset June 2-34

Other contributory causes of importance:

General debility only — 2 yrs

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury: —, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. W. Slater, M. D.

(Address) Preston Ida

State of Idaho. . . . .)
County of Ada . . . . .)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

OCT 2 2 1990
Date Issued

Richard W. Blair
State Registrar of Vital Statistics

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

CERTIFICATE OF DEATH

STATE FILE NO. 50-030083

BIRTH NO. 143 0 0 5 0 0 0 2 3 6

UTAH

REGISTRAR'S NO. 54

1. PLACE OF DEATH
a. COUNTY: Cache
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Smithfield, Utah
c. LENGTH OF STAY (this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give st. address or loc.): 248 West 1st North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (if outside corporate limits, write RURAL) OR TOWN: Franklin
d. STREET ADDRESS (If rural, give location): –

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): LOUISA BELNAP
c. (Last): LOWE

4. DATE OF DEATH (Month) (Day) (Year): May 2, 1950

5. SEX: Fe
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH Mo. Dec. Day 11 Year 70
9. AGE (In yrs. last birthday): 79
If Under 1 Yr. Months | Days
If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (City and State or foreign country): Hooper, Weber County, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gilbert Belnap
Birthplace: Port Hope, Canada
14. MOTHER'S MAIDEN NAME: Adaline Knight
Birthplace: New York
HUSBAND'S OR WIFE'S NAME: Joseph H. Lowe (deceased)

15. WAS DECEASED ever in U.S. ARMED FORCES (Yes, no, or unknown): no
(If yes, give war or dates of service): –
16. SOCIAL SECURITY No.: none
17. INFORMANT and ADDRESS: Mrs. M.T. Van Orden, Smithfield, Ut.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia,, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES 331X DUE TO (b) Mural Thrombosis (MURAL THROMBOSIS) — 1 week

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22. *I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM* 25 Apr., 1950 *TO* 2 May, 1950 *THAT I LAST SAW THE DECEASED ALIVE ON* 26 Apr., 1950 *AND THAT DEATH OCCURED AT* 8:30 p.m. *FROM THE CAUSES AND ON THE DATE STATED ABOVE.*

23a. SIGNATURE Robert B. Bentley M.D. (Degree or title)
23b. ADDRESS: Smithfield, Utah
23c. DATE SIGNED: 5/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/6/50
24c. NAME OF CEMETERY or CREMATORY: Franklin Cemetery
24d. LOCATION (City, town, or county) (State): Franklin, Idaho

DATE REC'D BY LOCAL REG.: May 4-1950
REGISTRAR'S SIGNATURE: Phyllis Baugh –
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Sterling Nelson
NELSON FUNERAL HOME
29 North Main • Logan, Utah
Funeral Director's No. 209
Embalmer's No. 317

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

0 0 2 1 0 2 2 8 2

STATE BOARD OF HEALTH FILE No. 948

STATE OF UTAH—DEATH CERTIFICATE

414

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.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH

County: Salt Lake

Precinct: _____ or Village: _____ or City: Salt Lake (No. 2294, South 9th East St.; _____ Ward)

[If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME Sola Almira Coolbear

(a) Residence. No. 2294 South 9th East St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: David Wm. Coolbear

6 DATE OF BIRTH: June 5th (Month), 1874 (Day) (Year)

7 AGE: 47 yrs. 0 mos. 9 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): _____
(c) Name of Employer: _____

9 BIRTHPLACE (City or town): Hooper
(State or country): Utah

PARENTS
10 NAME OF FATHER: Gilbert Belnap
11 BIRTHPLACE OF FATHER (State or country): Canada
12 MAIDEN NAME OF MOTHER: Adeline Knight
13 BIRTHPLACE OF MOTHER (State or country): New York

14 (Informant): David Wm. Coolbear
(Address): 2294-9th East City

15 Filed June 15 1921 Christ Phersons
REGISTRAR

REGISTERED NUMBER 21: 19-871

NO. OF BURIAL PERMIT 22: 19-871

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 14th (Month), 1921 (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1921, to June 14, 1921, that I last saw her alive on June 14, 1921, and that death occurred, on the date stated above, at 1055 a. m.

The CAUSE OF DEATH* was as follows:
Otitis media
meningitis (Septic-Basilar)

(Duration) _____ yrs. _____ mos. 21 ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs —

(Signed) Wm T Ward, M. D.

June 17, 1921 (Address) Boston Bldg —

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Wasatch Lawn Cemetery

DATE OF BURIAL: June 17, 1921

20 UNDERTAKER: Earl Eddington

ADDRESS: Salt Lake

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

0 0 0 3 2 0 4 7 3 0

State Board of Health File No. 451

STATE OF UTAH—DEATH CERTIFICATE

William James Belnap

1 PLACE OF DEATH
County Weber
Precinct or Village or City Hooper No. ____, ____ St., ____ Ward [If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME William James Belnap

(a) Residence. No. ____ St., ____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred 53 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF Elizabeth Ann Wells

6 DATE OF BIRTH August 31, 1853 (Month) (Day) (Year)

7 AGE 79 yrs. 3 mos. 19 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION OF DEACESED
(a) Trade, profession or particular kind of work ____
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of Employer ____

9 BIRTHPLACE (City or town) Ogden
(State or Country) Utah

PARENTS
10 NAME OF FATHER Gilbert Belnap
11 BIRTHPLACE OF FATHER (State or Country) England
12 MAIDEN NAME OF MOTHER Veuniada McBride
13 BIRTHPLACE OF MOTHER (State or Country) England

14 Informant Wm G. Belnap
Address Ogden Utah

15 Filed Dec 23 1932 H. W. Douglas Registrar

Registered Number 21: 8
No. of Burial or Removal Permit 22: 8

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 20 1932 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Dec 20, 1932, that I last saw him alive on Dec 19, 1932, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Sudden attack 3 days duration
Had stroke 12 years ago
(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary) Arterio Sclerosis
(Duration) ____ yrs. 15 mos. ____ ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam
(Signed) Edward L. Rich, M. D.
Dec 20 1932 (Address) Ogden Utah

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Hooper Cemetery — DATE OF BURIAL Dec. 23 1932

20 UNDERTAKER Bingham & Sons — ADDRESS Ogden Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

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.

10029.04661

State Board of Health File No. 11 451

STATE OF UTAH—DEATH CERTIFICATE

Oliver Belnap

1 PLACE OF DEATH

County Washington

Precinct or Village or City St George No. ..... St. ..... Ward [If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME Oliver Belnap

(a) Residence. No. ..... St. ..... (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)
(USUAL PLACE OF ABODE)

Length of residence in city or town where death occurred yrs. mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

5a If Married, ~~Widowed, or Divorced~~ HUSBAND OF ~~(OR) WIFE OF~~ Anna Belnap

6 DATE OF BIRTH: Sept 20 (Month) (Day) 1855 (Year)

7 AGE: 73 yrs. 6 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of Employer

9 BIRTHPLACE (City or town) Springville (State or Country) Utah

PARENTS
10 NAME OF FATHER: Gilbert R. Belnap
11 BIRTHPLACE OF FATHER (State or Country): Canada
12 MAIDEN NAME OF MOTHER: Henrietta McBride
13 BIRTHPLACE OF MOTHER (State or Country): Unknown

14 Informant: Henry W. Belnap
Address: Shelley, Idaho

15 Filed April 1, 1929 Orson W. Woodbury Registrar

21 Registered Number: 8

22 No. of Burial or Removal Permit: 8

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 30 (Month) (Day), 1929 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1929, to March 30, 1929, that I last saw him alive on March 30, 1929, and that death occurred, on the date stated above, at 9 a.m.
The CAUSE DEATH* was as follows:
Lobar Pneumonia
(Duration 0 yrs. 0 mos. 1 ds.
Contributory (Secondary) Influenza (11-a)
(Duration yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Wilford J. Richmond, M. D.
April 1, 1929 (Address) St. George, Utah

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Ogden Utah — DATE OF BURIAL: April 2, 1929

20 UNDERTAKER: Perry Pickett — ADDRESS: St. George, Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

10032047 19

State Board of Health File No. 5000 451

STATE OF UTAH—DEATH CERTIFICATE

Francis Marion Belnap

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.

1 PLACE OF DEATH
County: Weber
Precinct or Village or City: Ogden No. ___, ___ St., ___ Ward [If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME: Francis Marion Belnap

(a) Residence. No. ___ St., ___
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred: 6 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF: Lillie Robinson

6 DATE OF BIRTH: June 5, 1857 (Month) (Day) (Year)

7 AGE: 75 yrs. 6 mos. 10 ds. If LESS than 1 day, ___ hrs. or ___ min.?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ___
(c) Name of Employer: ___

9 BIRTHPLACE (City or town): Ogden
(State or Country): Utah

PARENTS
10 NAME OF FATHER: Gilbert Belnap
11 BIRTHPLACE OF FATHER (State or Country): Canada
12 MAIDEN NAME OF MOTHER: Henrietta McBride
13 BIRTHPLACE OF MOTHER (State or Country): Canada

14 Informant: [illegible]
Address: Ogden

15 Filed: Dec 18 1932 [illegible] Registrar

Registered Number: 21
No. of Burial or Removal Permit: 22

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 15 1932 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932, to Dec 15, 1932, that I last saw h. alive on Dec 11, 1932, and that death occurred, on the date stated above, at 11:45 p.m.

The CAUSE OF DEATH* was as follows:
Myocardial asthenia
degeneration of the heart
(Duration) ___ yrs. ___ mos. 8 ds.

Contributory (Secondary) Chronic myocarditis
(Duration) 7 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinically [illegible]

(Signed) [illegible] M. D.

Dec 16, 1932 (Address) Ogden Utah

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Ogden Cemetery
DATE OF BURIAL: Dec. 18 1932

20 UNDERTAKER: [illegible]
ADDRESS: Ogden Ut.

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

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.

10 3 1 0 4 2 3 4

State Board of Health File No. 4 336

STATE OF UTAH—DEATH CERTIFICATE

1 PLACE OF DEATH
County Weber
Precinct Hooper
or Village
or City ..... No. ....., ... St., ... Ward

Isadora Stoddard

[If death occurred in a hospital or institution give its NAME instead of street and number.]

2 FULL NAME Isadora Stoddard

(a) Residence. No. Hooper, Utah St.
(USUAL PLACE OF ABODE)
(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred 61 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5a If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF John F. Stoddard

6 DATE OF BIRTH October 31 1860.
(Month) (Day) (Year)

7 AGE 70 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of Employer

9 BIRTHPLACE (City or town) Farmington,
(State or Country) Utah.

PARENTS
10 NAME OF FATHER Gilbert Selnajo
11 BIRTHPLACE OF FATHER (State or Country) Utah
12 MAIDEN NAME OF MOTHER Henrietta McBride
13 BIRTHPLACE OF MOTHER (State or Country) Utah

14 Informant O. Leo Stoddard
Address Hooper Utah

15 Filed Jan 10 1931 W. W. Douglas
Registrar

Registered Number 21 1
No. of Burial or Removal Permit 22 1

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 3 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
Myocarditis with chronic interstitial nephritis
(Duration) 2 yrs. mos. ds.
Contributory (Secondary) Infected bedsores 8 days
(Duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) E. R. Dunn, M. D.
Jan 7, 1931. (Address) Ogden Utah

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Porter Cache
DATE OF BURIAL Jan 7 1931
20 UNDERTAKER Sheffield & Son
ADDRESS Ogden Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

Items From the
Belnap Family Archives

Thomas Morrington and Dorothy Bralinger

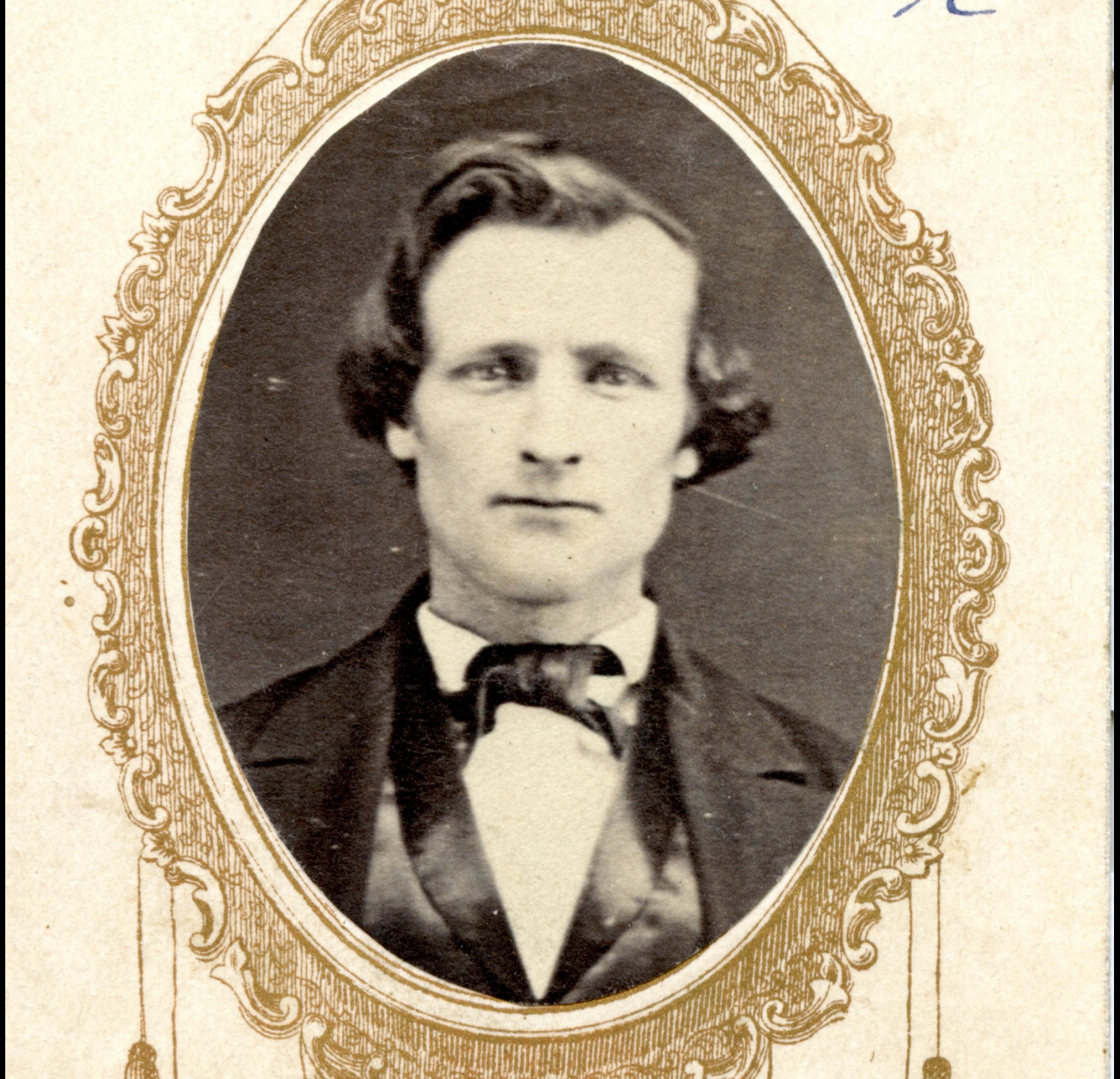
Thomas Bryan and Bridgett Allen

Matthew Clarke and Elizabeth Clarke
married the xviij^th of October

1616 William Hammon and Hendrina Cadell
married the viij^th of June

1617 Abraham Bettell and Marie Stallion married the
xxiiij^th of October

Gilbert Belnap’s Siblings



Jesse Belnap
(5 Jan 1807 - 5 Nov 1887)

Phoebe Rebeckah Belnap Wilson
(22 Oct 1812 - 18 Mar 1888)

John Belnap
(5 Feb 1820 - 20 Dec 1898)

James Cardinell Belnap
(31 Dec 1824 - 21 Oct 1860)

William Belnap
(4 Jan 1827 - 12 Apr 1910)

Thomas Derlin Belnap
(1 Aug 1928 - Feb 1880)

Items From the
Belnap Family Archives

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married the viij^th of June

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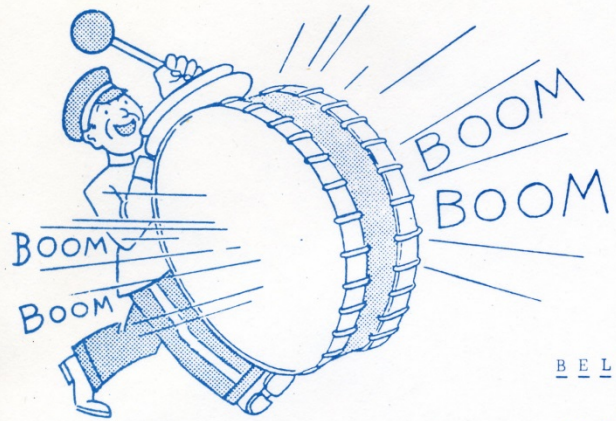
xxiiij^th of October

Images From Past Belnap Reunions

Belnap Family Reunion, Salem, Idaho, Aug 1936

Belnap Family Reunion, Moreland, Idaho, 30 Aug 1941



REUNION

BELNAP

FAMILY

DATE: SATURDAY, JUNE 27, 1970

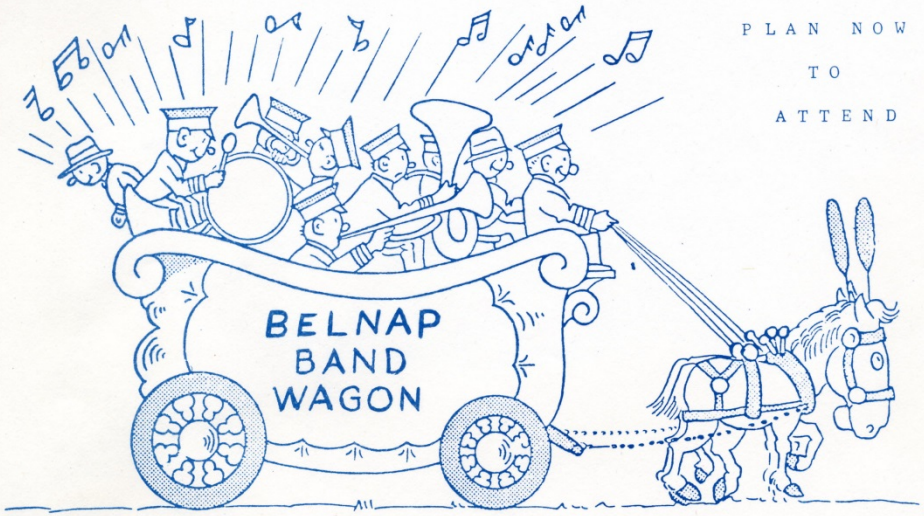
PLACE: HOOPER, UTAH

(10 miles West of Ogden)

TIME: 10:00 a.m. to 4:00 p.m.

DISPLAYS - FUN - FOOD - PRIZES

VISIT WITH YOUR COUSINS



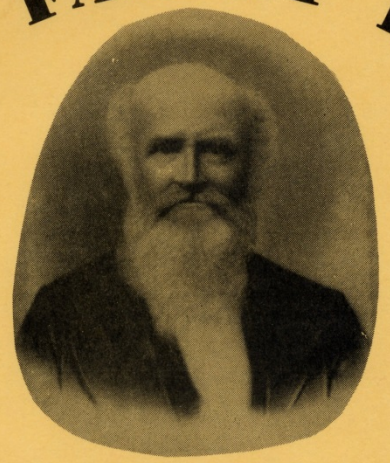
PLAN NOW

TO

ATTEND

"The Last Gilbert Belnap Ancestral Reunion"

BELNAP FAMILY REUNION



GILBERT BELNAP

SATURDAY, AUGUST 23, 1980

HUNTSVILLE, UTAH

PLACE: Huntsville LDS Ward Chapel and Huntsville Park, located just 10 miles up beautiful Ogden Canyon from I-15, at 277 South 7400 East, Huntsville, Utah.

Those coming from out-of-town may camp at Anderson Cove Forest Campsite just 3 miles from Huntsville on beautiful Pine View Dam. There is boating, fishing and swimming at Pine View and/or swimming and golf at Patio Springs Country Club, just minutes away to the North. The Huntsville Park is clean with plenty of grass and shade trees. It also has tables and a bowery.

TIME: 10:00 a.m. until 4:00 p.m.

Provide your own lunch - the Family Organization will provide the punch.

"Bring-'n-Brag" displays - Bring your items to show off to the relatives.

Professional Entertainment - Slides - Skits - FUN FOR ALL !!!

Come Have Fun ★★★ Stay & Play

Belnap Family Reunion, Kaysville, Utah, 13 Aug 1994

Belnap Family Reunion, Huntsville, Utah, 10 Aug 2002

In commemoration of the reuniting
of the English and American branches
of the
Belknap / Belnap Family
after 400 years of separation,

this plaque is presented with deepest
esteem and affection by descendants of
Utah Pioneer Gilbert Belnap
and his family to

Graham Dixon,
Helen Dixon,
and Nicholas Dixon

at the
Belnap Family Reunion,
held Saturday, 14 August 2010,
in Eden, Weber County, Utah,
United States of America.

"Love, Unity, Solidarity"

Surviving Great Grandchildren of Gilbert Belnap at Belnap Family Reunion, Eden, Utah, 14 Aug 2010

Items From the
Belnap Family Archives

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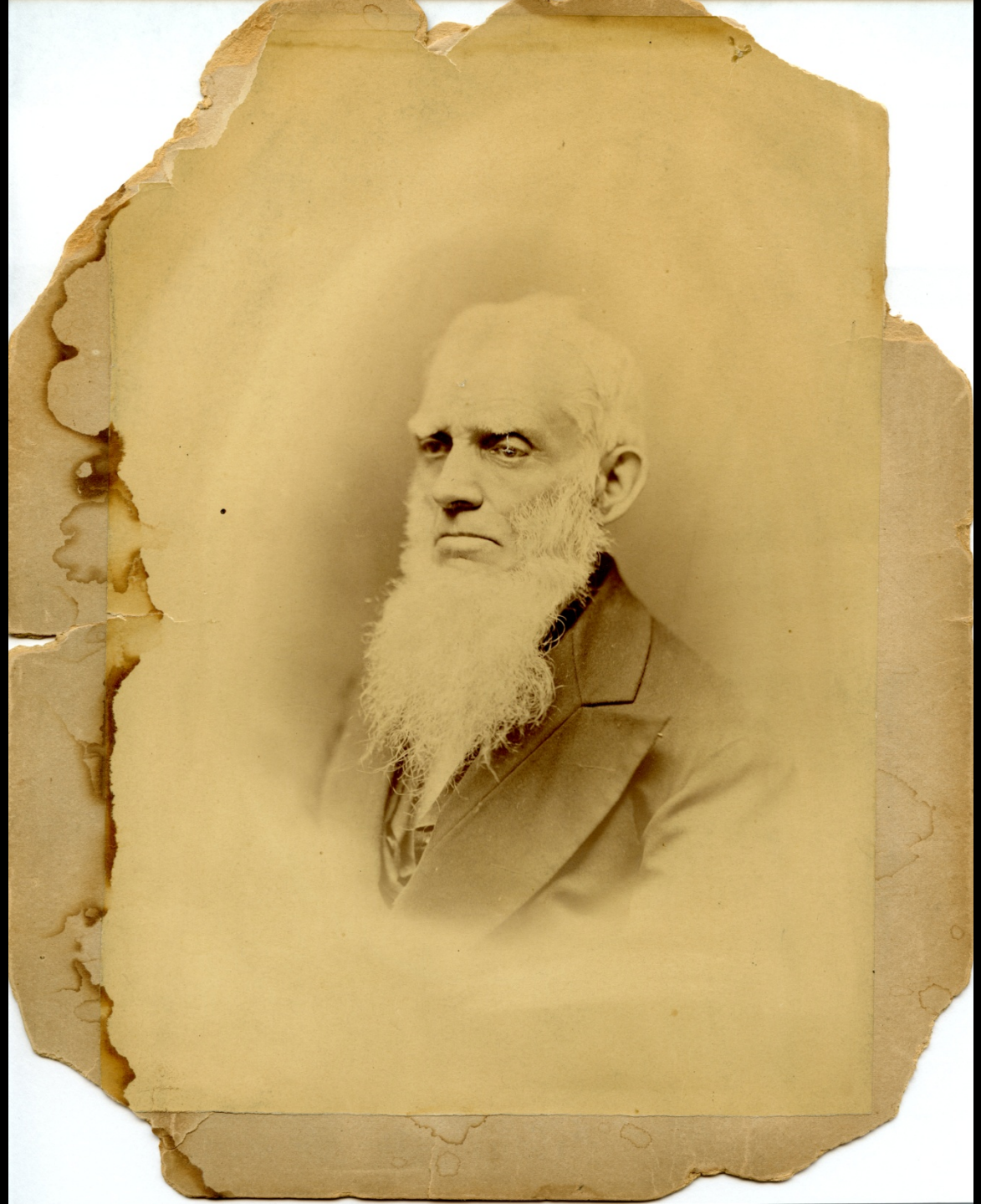
xxiiij^th of October

Knight and McBride Relatives



Samuel Lee Knight
(19 Apr 1802 - 15 Mar 1879)

(brother of Vinson Knight;
uncle to Adaline Knight)

Solon Knight
(15 Mar 1832 - 28 Nov 1895)

(first cousin of Adaline Knight)

George Hanscom
(9 Oct 1810 - 24 Jun 1887)

(second husband of Almira Knight,
older sister of Adaline Knight)

James Vinson Knight
(4 Sep 1833 - 11 Apr 1912)

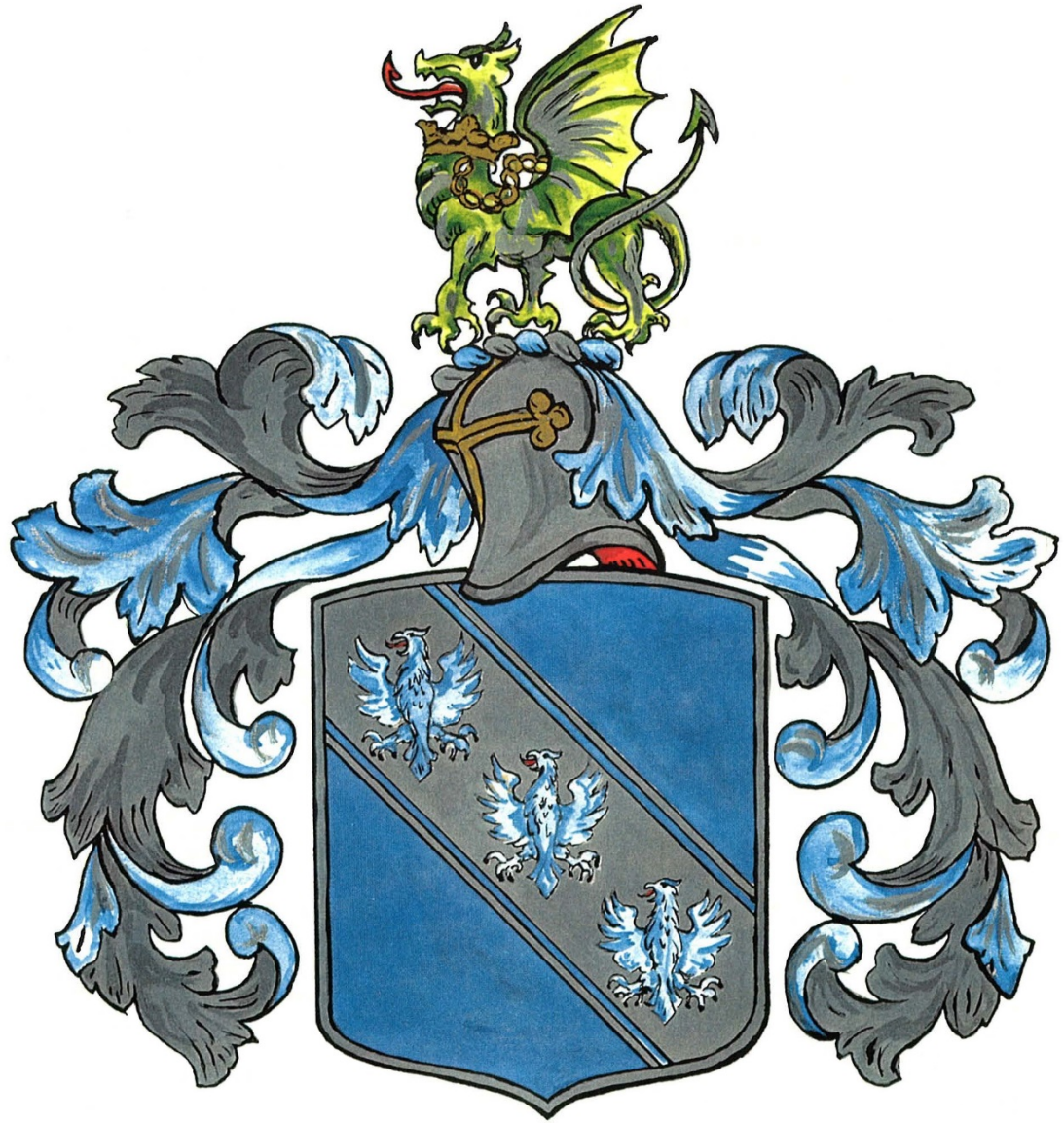
(younger brother of Adaline Knight)

Martha McBride Knight
(Smith Kimball)
(17 Mar 1805 - 20 Nov 1901)

(mother of Adaline Knight;
aunt to Henrietta McBride)

Reuben McBride
(16 Jun 1803- 26 Feb 1891)

(brother of Martha McBride Knight; uncle to both Adaline Knight and Henrietta McBride)



Belnap

“Love, Unity, Solidarity”

Belnap Family Organization Motto

"The Belnap Family Organization is a non-profit ancestral family organization for all descendants of Utah Pioneer Gilbert Belnap, created to preserve, perpetuate, and promote family solidarity."

Belnap Family Organization Mission Statement

JULY 10, 2016

POSTS COMMENTS

BELNAP FAMILY ORGANIZATION

BFO Overview | Publications | Histories & Photographs | Genealogy | Store | Get Involved | Helpful Links | Contact

HOME | NEWS BLOG | REUNIONS | THINGS NAMED BELNAP OR BELKNAP | NOTABLE RELATIVES | INTERESTING INFO | SITE MAP

Welcome!

BFO Overview

Mission Statement "The Belnap Family Organization is a non-profit ancestral family organization for all descendants of Utah Pioneer Gilbert Belnap, created to preserve, perpetuate, and promote family solidarity." Summary Founded in 1904, the Belnap Family Organization is one of the oldest and largest non-profit ancestral family organizations in the United States. Over the past century, the organization has completed a significant amount ... [Read More...]

Recent News...

Rock On! Ryan Shupe to Perform at 2016 Reunion

Gilbert Belnap descendant Ryan Shupe (yes, the Ryan Shupe of "Ryan Shupe and the Rubber Band" fame) is scheduled to perform at the 2016 Belnap Family Reunion, which will be held on Saturday, August 13, in Eden, Utah. Ryan, who started playing the ... [Read More...]

Elder Carl B. Cook to Address 2016 Reunion

Elder Carl B. Cook, a General Authority Seventy of The Church of Jesus Christ of Latter-day Saints--and direct

Search this website ... Search

About Us

The Belnap Family Organization was created in 1904 to preserve, perpetuate, and promote family solidarity among all descendants of Utah Pioneer Gilbert Belnap. It is one of the oldest and largest family organizations in the United States, with over 10,000 descendants located throughout the United States and around the world.

You and 240 other friends like this

This Day In Belnap Family History

No Events

Find us online at:

www.belnapfamily.org

Like "Belnap Family Organization" on Facebook

No Pay in Advance.
THREE
Hinshaw Joy & Baker
ILLINOIS TOURISTS