

MARGIN RESERVED FOR STAMPING

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.

PLACE OF DEATH 7 8 1

County Sanpette State Board of Health File No. 92
 Precinct Fountain Green STATE OF UTAH—DEATH CERTIFICATE, 52
 or Town or Village
 or City Agnes Widdison Livingston (No. St. Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

FULL NAME Agnes Widdison Livingston

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widow</u>	16 DATE OF DEATH <u>May 19th 1920</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>December 28 1831</u> (Month) (Day) (Year)	7 AGE <u>88 yrs 4 mos 21 ds.</u> If LESS than 1 day, hrs. or min?		17 I HEREBY CERTIFY, That I attended deceased from <u>May 19, 1920</u> , to <u>May 19, 1920</u> , that I last saw her alive on <u>some time ago</u> , and that death occurred, on the date stated above, at <u>12 P. M.</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>			The CAUSE OF DEATH* was as follows: <u>Senile Paralysis</u>	
9 BIRTHPLACE (State or country) <u>Scotland</u>			(Duration) <u>3 mos</u> ds.	
PARENTS	10 NAME OF FATHER <u>Thomas Widdison</u>	Contributory <u>neg</u> (occasions) (Duration) <u>3 mos</u> ds.		
	11 BIRTHPLACE OF FATHER (State or country) <u>Scotland</u>	(Signed) <u>W. P. Nielson</u> M. D. <u>May 20, 1920</u> (Address) <u>mt Pleasant</u>		
	12 MAIDEN NAME OF MOTHER <u>Janet Russel</u>	* State the DISEASE CAUSING DEATH, or, in deaths from TOXIC or TRAUMATIC CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) <u>Scotland</u>			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>30</u> yrs <u>0</u> mos <u>0</u> ds. In the State <u>65</u> yrs <u>0</u> mos <u>0</u> ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>James C. Livingston</u> (Address) <u>Fountain Green Utah</u>			Where was disease contracted, if not at place of death? Former or usual residence <u>Fountain Green Utah</u>	
15 Filed <u>May 31, 1920</u> <u>Lars Nielson</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Fountain Green Utah</u>	
21 REGISTERED NUMBER <u>9</u>			23 NO. OF BURIAL PERMIT <u>9</u>	
			20 UNDERTAKER <u>A. P. Anderson</u>	
			ADDRESS <u>Fountain Green</u>	

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE