

James Campbell Livingston

State Board of Health File No. 109

STATE OF UTAH-DEATH CERTIFICATE.

THIS CERTIFICATE MUST BE FORWARDED BY COUNTY CLERK TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.

PLACE OF DEATH

County of Sanpete
City, Town or Village of Fountain Green
Street and No.
If in Hospital or Institution, give its name and how long deceased was an inmate

Full Name of Deceased (Initials only will not be accepted) - 152
James Campbell Livingston

Special Information for Hospitals, Institutions, Transients or Recent Residents:
Former or Usual Residence Salt Lake City
How long resident 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White
DATE OF BIRTH December 2 1833
AGE 75 years, 10 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
BIRTHPLACE (State or country) Scotland
NAME OF FATHER James Livingston
BIRTHPLACE OF FATHER (State or country) Scotland
MAIDEN NAME OF MOTHER Sarah Campbell
BIRTHPLACE OF MOTHER (State or country) Scotland
OCCUPATION Farmer

(Return remunerative employment for all persons 10 years of age and over.)
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James C. Livingston Jr.
Address Fountain Green Utah

Place of Burial Fountain Green Utah
Date of Burial October 21st 1909
Undertaker G. P. Anderson
Address Fountain Green

Filed Oct 20 1909 Lars Nielson Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, that death occurred on the date stated above at 3 P m. To the best of my knowledge and belief cause of the death was, viz..

Chief Cause Old Age

Where Contracted Duration Days

Contributory (if any)

Where Contracted Duration Days

(Signed) B. C. Linebaugh M. D.

Date Oct 15 1909 (Address) Moxie Utah

Permission is hereby granted to bury the body of the person above described.

(Signed) Lars Nielson Health Officer.

(Address) Fountain Green NO. OF RECORD 8

(Date) Oct 20th 1909 NO. OF BURIAL PERMIT 8

WHILE MAINLY WITH INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, THAT IT MAY BE PROPERLY CLASSIFIED. THE "SPECIAL INFORMATION" FOR PERSONS DYING AWAY FROM HOME SHOULD BE GIVEN IN EVERY INSTANCE.