

## STATE OF UTAH - DEATH CERTIFICATE.

State Board of Health File No.

THIS CERTIFICATE MUST BE FORWARDED BY LOCAL REGISTRAR 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 *Uintah*  
County of *Weber*Precinct of *Uintah*City, Town or Village of *Uintah*

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)

*Byram L Bybee 100*

Special Information for Hospitals, Institutions, Transients or Recent Residents:

Former or Usual Residence

How long resident at place of death

## PERSONAL AND STATISTICAL PARTICULARS

SEX *male* COLOR *white*DATE OF BIRTH *may 4 1841*AGE *may* (Month) *4* (Day) (Year) *05*

64 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*BIRTHPLACE (State or country) *clay Co Indiana*NAME OF FATHER *Byram Bybee*BIRTHPLACE OF FATHER (State or country) *Kentucky*MAIDEN NAME OF MOTHER *Betsy Lamm*BIRTHPLACE OF MOTHER (State or country) *Tennessee*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) *B L Bybee, Jr*(Address) *Uintah Weber Co*Place of Burial *Uintah Cem*Date of Burial *July 9th 1905*Undertaker *L Lyman*Address *Ogden city Utah*

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *July 7 1905*  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw him alive on 190

and that death occurred, on the date stated above, at

M. The CAUSE OF DEATH was as follows:

Chief Cause *General Debility*

Where Contracted Duration Days

Contributory (if any)

Where Contracted Duration Days

(Signed) *Ezra C Rich* M. D.Date *7-8 1905* (Address) *Ogden Utah*Filed *July 12 1905* *Alma Keyes* Registrar

REGISTERED NUMBER

1

NO OF BURIAL PERMIT

1

(OVER)