

STATE BOARD OF HEALTH FILE NO. 276

1 PLACE OF DEATH  
 County Weber  
 Precinct  
 or Village Mintah  
 or City (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

STATE OF UTAH—DEATH CERTIFICATE

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

2 FULL NAME Jane Geneva Bybee  
 (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 62 yrs. \_\_\_\_\_ mos. \_\_\_\_\_  
 How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE Male White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Byron L. Bybee  
 (OR) WIFE OF \_\_\_\_\_  
 DATE OF BIRTH July 14 1848  
 (Month) (Day) (Year)  
 AGE 73 yrs. 10 mos. 23 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 OCCUPATION OF DECEASED At Home  
 (Trade, profession or other kind of work)  
 Name of Employer \_\_\_\_\_  
 PLACE OF BIRTH Nebraska  
 (State or country)  
 PARENTS  
 10 NAME OF FATHER Joseph L. Robinson  
 BIRTHPLACE OF FATHER Vermont  
 12 MAIDEN NAME OF MOTHER Sarah Atwood  
 BIRTHPLACE OF MOTHER Connecticut  
 13 NAME OF DECEASED Jane Geneva Bybee  
 ADDRESS Mintah, Utah

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 7 1922  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, That I attended deceased from June 7 1922  
 that I last saw her alive on June 1 1922  
 and that death occurred, on the date stated above, at Home  
 The CAUSE OF DEATH\* was as follows:  
apoplexy  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 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? Autopsy  
 (Signed) C. J. Hudquist  
 19 \_\_\_\_\_ (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 Utah Cem DATE OF BURIAL June 9 1922  
 20 UNDERTAKER C. J. Hudquist ADDRESS Ogden Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE.