

STATE OF UTAH—DEATH CERTIFICATE.

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 Salt Lake
 County of _____
 Precinct of 0801525
 City, Town or Village of Salt Lake
 Street and No. 373 So 13th East
 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)
Elizabeth Jackson Kirkman
Elizabeth Jackson Kirkman
 Special Information for Hospitals, Institutions, Transients or Recent Residents:
 Former or Usual Residence Salt Lake
 How long resident at place of death 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR White
 DATE OF BIRTH June 21st 1832
 (Month) (Day) (Year)
 AGE 75 years, 8 months, 26 days
 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 BIRTHPLACE (State or country) Manchester England
 NAME OF FATHER Benjamin Jackson
 BIRTHPLACE OF FATHER (State or country) England
 MAIDEN NAME OF MOTHER Ann Grimshaw
 BIRTHPLACE OF MOTHER (State or country) England
 OCCUPATION none
 Return remunerative employment for all persons 40 years of age and over.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Kirkman
 (Address) 373 So 13th East
 Place of Burial City Cemetery
 Date of Burial 3/19/08
 Undertaker Jos E. Saylor
 Address 2539th South

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17th 10 30 AM 08
 (Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from Mar 13 1908 to Mar 17 1908 that I last saw her alive on Mar 19 1908 and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Chief Cause Pneumonia
 Where Contracted S.L. City Duration 5 Days
 Contributory (if any) Oedema of lungs
 Where Contracted S.L.C. Duration 4 Days
 (Signed) Ralph Richards M. D.
 Date Mar 18 1908 (Address) City

Filed 3/19 1908 TR R. R. R. M. S.

REGISTERED NUMBER

46146 2.5

NO. OF BURIAL PERMIT

D18807

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, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.