

(m) Invalidation of any one of these covenants by judgment or court order shall in no wise affect any of the other provisions which shall remain in full force and affect. In Witness Whereof, said Capson-Bowman Inc., has caused this instrument to be signed by its duly authorized officers and its corporate seal to be hereunto affixed this 11th day of September, 1939.

CAPSON-BOWMAN INC.,
CORPORATE SEAL
UTAH

CAPSON-BOWMAN INC.,
BY Leo L. Capson
Its President
BY N. J. Bowman
Its Secretary

Attest:
State of Utah)
County of Salt Lake) ss

On this 11th day of September, A. D. 1939, personally appeared before me Leo L. Capson and N. J. Bowman who being by me duly severally sworn did say that they are the President and Secretary respectively of Capson-Bowman Inc., that the above instrument was signed in behalf of said corporation by authority of a resolution of its Board of Directors and the said Leo L. Capson and N. J. Bowman duly acknowledged to me that said corporation executed the same.

My Commission expires
August 20, 1943.

ROBERT E. STEINMAN
NOTARY PUBLIC
COMMISSION EXPIRES
AUG. 20, 1943
STATE OF UTAH

R E Steinman
Notary Public, Residing at
Salt Lake City, Utah.

Recorded at the request of Capson-Bowman, Inc., September 12, 1939, at 10:52 A. M., in Book #231 of Liens and Leases, pages 261-262. Recording fee paid \$3.30. (Signed) Cornelia S. Lund, Recorder, Salt Lake County, Utah; by F. E. Samway, Deputy. (Reference: S-34, 108, 1-2.)

#865864

State Board of Health File No. 303

STATE OF UTAH
CERTIFICATE OF DEATH

- 1. PLACE OF DEATH
County Salt Lake Precinct or Town or City Murray No. 4737 Cherry Street.,Ward
(If death occurred in a hospital or institution give its NAME instead of street and number)
- 2. FULL NAME Andrew Jackson Gibson
- 3. Residence: No. 4737 Cherry Street St., Murray, Utah
(a) Length of residence in (Usual place of abode) (If non-resident give city or town and State
city or town where death occurred Years Months Days (b) How long in U. S. if of
foreign birth? Years Months Days

PERSONAL AND STATISTICAL PARTICULARS :

MEDICAL CERTIFICATE OF DEATH

4	SEX	5	COLOR OR RACE	SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)	19	DATE OF DEATH	(month, day, and year)	Feb. 14th 1938
5a	If married, Widowed, or Divorced	HUSBAND OF Grace Gibson (or WIFE OF..)			20	I HEREBY CERTIFY, That I attended deceased from --19--, to --- 19--: I last saw h- alive on -- 19--, death occurred on the date stated above at 9:40 p.m The principal cause of death and related causes of importance were as follows:		
7	DATE OF BIRTH	(month, day and year) March 27th, 1877			Found dead; gunshot wound through chest. Bullet entrance over heart, emergence under left shoulder blade.			
8	AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.?			
9	(a)	Trade, profession, or particular kind of work done, as engineer (type of) miner, bookkeeper etc. Day Laborer			Other contributory causes of importance:			
	(b)	Industry or business in which work was done as railway, mine (kind of), bank, etc.....			If operation, date of			
	(c)	Date deceased last worked at this occupation (month and year....)			Condition for which performed.....			
	(d)	Total time (years) spent in this occupation			...Was there an autopsy? no			
10	BIRTHPLACE (City or Town) (State or Country)	Sugar House Salt Lake Co., Utah			If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? suicide Date of injury 2/14/38			
11	NAME OF FATHER	Jacob Gibson			Where did injury occur? Salt Lake County (Specify city or town, county and State)			
12	BIRTHPLACE OF FATHER (State or Country)	Pennsylvania			Specify whether injury occurred in industry, in home, or in public place: home			
13	MAIDEN NAME OF MOTHER	Margaret Robinson			Manner of injury shot self with .22 rifle			
14	BIRTHPLACE OF MOTHER (State or Country)	Scotland			Nature of injury see above			
15	INFORMANT (Signature) Address	Vernal A. Gibson 4737 Cherry St., Murray, Utah			Was disease or injury in way related to occupation of deceased? no If so, specify..			
16	BURIAL, CREMATION, OR REMOVAL	Place Murray City Date Feb. 18th 1938			(Signed) Robert J. Alexander, M. D.			
17	UNDERTAKER Address	Geo. A. Jenkins Murray, Utah			Feb. 17 1938 Address			
18	FILED	Feb. 18, 1938 Mildred Nelson, M.D. Registrar			County physician			

REGISTERED NUMBER 17

State of Utah,)
County of Salt Lake.)

17-102-26716-302

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