I, Marilyn Jadin, Register of Deeds in and for said county do hereby certif

## REGISTRATION OF DEATH.

County Register of Deeds Office, I County, Wisconsin. Witness my hand and official seal

(To be returned, within 30 days, to the Register of Deeds of the County in which the Death of 1. Full name of deceased. Maiden name (if wife or widow) Occupation of deceased. 83 yrs. //n. Age (years, months and days)\_\_\_\_ Name of father Birthplace of father-Name of mother. Birthplace of mother. Birthplace of deceased. Name of wife of deceased. Name of husband of deceased Date of birth of deceased Condition (single, married or widowed) Date of death. Residence at time of death Cause of death\_ Place of death\_ Duration of disease Was the deceased ever a Soldier or Sailor in the Service of the United States Moranan Name of undertaker, or other person conducting burial. 27. Date of burial permit. No. burial permit. Other important facts not related (b) Physician, Coroner, Justice of the Peace. State of Wisconsin, I HEREBY CERTIFY that the above is a true return of the death and of the other facts there recorded. Bay said County, this Received for record this 14 day of Ofril 1910100 Mic Melson Register No. 143414