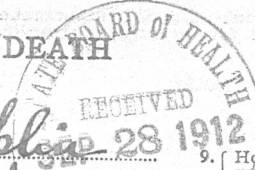


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CERTIFICATE AND RECORD OF DEATH

REGISTERED No. 62311



OF George Washington Stripplin

COUNTY (County in which Death occurred)

1. FULL NAME *George Washington Stripplin*

2. (a) SEX *Male* (b) COLOR *White* (c) SINGLE MARKED MARRIED *Married* WIDOWED DIVORCED (Write in)

3. (a) BIRTHPLACE *Illinois* (State or Country) (b) DATE OF BIRTH *Nov 12 1894*

4. AGE *67* YEARS *9* MONTHS *11* DAYS (If less than one day old) HOURS

5. DIED ON THE *23* DAY OF *Aug* 191*2* AT ABOUT *10* A.M.

6. LAST OCCUPATION (a) *Farming* (Trade or Kind of Work) (b) *-* (Industry or Business) FROM THE YEAR (c) *During life time* THE YEAR *-*

7. FORMER OCCUPATION (a) *-* (b) *-* FROM THE YEAR (c) *-* TO THE YEAR *-*

8. PLACE OF DEATH *Litchfield* COUNTY OF *Montgomery* (Township, Village or City, if in City, Number of Street and Ward)

14. PLACE OF BURIAL *Spring Bud Ill* DATE OF BURIAL *Aug 25* HOUR *12* M.

9. How Long in State *Life time*

10. How Long in U. S. IF FOREIGN BORN *-*

11. (a) NAME OF FATHER *Edward Stripplin* (b) BIRTHPLACE OF FATHER *Kentucky* (State or Country)

12. (a) MAIDEN NAME OF MOTHER *Matilda Ritchards* (b) BIRTHPLACE OF MOTHER *Illinois* (State or Country)

The foregoing stated personal particulars are true to the best of my knowledge and belief:

13. INFORMANT *Mrs Geo. Stripplin* ADDRESS *Litchfield, Ill.*

15. UNDERTAKER *J. J. Dodds* ADDRESS *Litchfield, Ill.* LICENSE No. *-*

MEDICAL CERTIFICATE OF CAUSE OF DEATH

I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM *June 19* 191*2* TO *Aug 23* 191*2* THAT I LAST SAW *him* ALIVE ON THE *22* DAY OF *Aug* 191*2* THAT DEATH OCCURRED, ON DATE STATED ABOVE, AT ABOUT *10* O'CLOCK *10* M., AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE CAUSE OF *his* DEATH WAS AS HEREUNDER WRITTEN

(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) CAUSE OF DEATH <i>Chronic Parenchymatous Nephritis</i> <small>(Indefinite Terms not accepted. See back of Certificate.)</small>	Duration in Years, Months, Days or Hours <i>18 Months</i>
(b) CONTRIBUTORY (SECONDARY)	

WITNESS MY HAND, THIS *27* DAY OF *Sept* 191*2*

(SIGNATURE) *L. G. Alley, M.D.*
Physician, Med. Lic.
ADDRESS *Litchfield, Ill.*

NOT CERTIFIED WITHOUT RAISED, EMBOSSED SEAL OF MONTGOMERY COUNTY



(STATE OF ILLINOIS) (MONTGOMERY COUNTY) SS

I, SANDY LEITHEISER, MONTGOMERY COUNTY CLERK/RECORDER, DO HEREBY CERTIFY THAT THIS DOCUMENT IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD WHICH IS ON FILE IN THE OFFICE OF THE COUNTY CLERK/RECORDER, MONTGOMERY COUNTY, HILLSBORO, ILLINOIS. IN WITNESS WHEREOF, I HEREBY SET MY HAND AND AFFIX THE RAISED SEAL OF MONTGOMERY COUNTY, ILLINOIS ON THIS *4th* DAY OF *December*, A.D. *1912*

Sandy Leitheiser
MONTGOMERY COUNTY CLERK