

185 PLACE OF DEATH  
 County of Montgomery  
 Township or Road District or Village of Litchfield  
 City of Litchfield  
 Registration Dist. No. 740  
 Primary Dist. No. 3510

STATE OF ILLINOIS  
 Department of Public Health - Division of Vital Statistics  
 STANDARD CERTIFICATE OF DEATH  
 ORIGINAL

Street of Hospital No. 500 E Buchanan St. 1st Ward  
 (If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME James Solihert Stripplin  
 (a) Residence No. 500 E Buchanan St. 1st Ward  
 (Usual place of abode) (If non-resident give city or town and State)  
 Length of residence in city or town where death occurred 11 yrs. 7 mos. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 (Write the word)

6. If married, widowed or divorced HUSBAND of Mary Stripplin (or) WIFE of

4. DATE OF BIRTH Dec. 2, 1846  
 (Month) (Day) (Year)

7. AGE Years 75 Months 4 Days 13 If LESS than 1 day, hr. OR min.?

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Teamster (Retired)  
 (b) General nature of industry, business, or establishment in which employed (or employer) 5 years  
 (c) Name of employer See

9. BIRTHPLACE (city or town) Wm. Edwardsville  
 (State or Country) Illinois

10. NAME OF FATHER Edward Stripplin

11. BIRTHPLACE OF FATHER (city or town) Unknown  
 (State or Country) Unknown

12. MAIDEN NAME OF MOTHER Mollie Richardson

13. BIRTHPLACE OF MOTHER (city or town) Springfield  
 (State or Country) Illinois

14. INFORMANT A. Stripplin  
 Address 717 1/2 St. Litchfield Ill

15. Filed Apr. 19, 1922 by J. Waller Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 15, 1922  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1922 to April 15, 1922  
 that I last saw him alive on April 15, 1922  
 and that death occurred, on the date stated above, at 12:20 pm  
 The CAUSE OF DEATH\* was as follows

Cerebral hemorrhage  
 Contributory (Secondary) severely  
 (Duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

If not at place of death? no  
 Did an operation precede death? no Date 4/10/22  
 Was there an autopsy? no  
 What test confirmed diagnosis? Clinical symptoms  
 (Signed) Row W. Meares  
 Address 405 E. Ryder  
 Date April 15, 1922 Telephone 443

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL

19. PLACE OF BURIAL OR REMOVAL Cedar Ridge Cemetery, Newry Bend 20. DATE OF BURIAL Apr 17, 1922

20. UNDERTAKER J. Carlson Address Litchfield Ill

Has decedent ever served in military or naval service of U. S.?

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