

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

Registered No. 189
(Consecutive No.)

1. PLACE OF DEATH County of <u>Montgomery</u> <u>Litchfield</u>	Registration Dist. No. <u>770</u>
*Township *Road-Dist. *Village *City	Primary Dist. No. <u>3510</u>
*(Cancel the three terms not applicable. —Do not enter "R. R.," "R. F. D.," or other P. O. address.) Street and Number, No. <u>310 Grant</u> St. <u>2nd</u> Ward, _____ Hospital	

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Josephine Stripelin-Janner
(a) Residence No. 310 Grant St. 2nd Ward, _____ Hospital
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED Divorced
(Write the word)

5a. If married, widowed or divorced HUSBAND of Jefferson Janner
(or) WIFE of

6. DATE OF BIRTH March 4, 1861
(Month) (Day) (Year)

7. AGE Years Months Days If LESS than 1 day hrs. OR min.
69 9 4

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

9. BIRTHPLACE (city or town) Honey Bend, Illinois
(State or Country)

10. NAME OF FATHER Edward Stripelin

11. BIRTHPLACE OF FATHER not known
(City or Town) not known
(State or Country)

12. MAIDEN NAME OF MOTHER Matilda Richardson

13. BIRTHPLACE OF MOTHER Springfield, Ill.
(City or Town) Ill.
(State or Country)

14. INFORMANT Marie Keiser
(personal signature with pen and ink)
F. O. Address Mt. Olive, Ill.

15. Filed Dec 8, 1930 Christ Zuber Registrar.
F. O. Address Litchfield, Ill.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, year) Dec. 8, 1930

17. I HEREBY CERTIFY, that I attended deceased from _____ 19 _____ to Dec 4, 1930
that I last saw her alive on Dec 4, 1930
and that death occurred, on the date stated above, at 7:00 P.M.
The CAUSE OF DEATH* was as follows:
Apoplexy

CONTRIBUTORY (Secondary) hepatic & hepatic
(Duration) yrs. mos. ds. 2 mos. 6 ds.

18. Where was disease contracted, if not at place of death?

Was an operation performed? No Date of _____

For what disease or injury?

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) E. J. Miller M. D.

Address Litchfield, Ill.

Date Dec 8, 1930 Telephone 140

*N. B.—State the disease causing death. All cases of death from violence, casualty, or any undue means must be referred to the coroner. See Section 10, Coroner's Act.

19. PLACE OF BURIAL, Cremation or Removal Casket
Cemetery Casket
Location So. Litchfield, Ill.
(Township, Road Dist., Village or City)

21. DATE Dec 10, 1930

County Montgomery State Illinois

20. UNDERTAKER J. B. ... ADDRESS Litchfield, Ill.
(personal signature with pen and ink)
(firm name, if any)