

Department of Public Health—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 124

(Consecutive No.) Hospital

PLACE OF DEATH County <u>Montgomery</u> City or Village <u>Litchfield</u>	Registration Dist. No. <u>720</u>
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Ward 3510
 *City *Township *Road-Dist. / Dist. No.
 (Cancel the three terms not applicable—Do not enter "R. R.," "E. P. D.," or other P. O. address).

Street and Number, No. 418 E. Buchanan St. Ward

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

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 25 yrs. mos. ds.

1a. PLACE OF RESIDENCE: STATE Illinois County Montgomery
 (Usual place of abode) City or Village Litchfield Township S. Litchfield
 Street and Number 418 E. Buchanan Road Dist. 93

2. FULL NAME Mary E. Striplin

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (circle one word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James P. Striplin

8. DATE OF BIRTH (month, day, and year) Dec 19th 1846

7. AGE 88 Years 7 Months 23 Days if LESS than 1 day, hrs. min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greener (State or country) Iowa

13. NAME James Boland

14. BIRTHPLACE (city or town) not known (State or country) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known (State or country) not known

17. INFORMANT J. P. Striplin (personal signature with age and link)

P. O. Address Litchfield Ill.

18. PLACE OF BURIAL (Cremation or Burial) Cemetery Ledar Ridge 19. DATE Aug 13 1935

Location Honey Creek

County Montgomery State Ill.

20. UNDERTAKER J. J. Carroll ADDRESS Litchfield Ill.
 (personal signature with age and link) Carroll's son
 (firm name, if any)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 11 1935

22. I HEREBY CERTIFY that I attended deceased from 7th August 1935 to Aug 11 1935

I last saw him alive on Aug 11 1935; death is said to have occurred on the date stated above, at 5 P.M.

*The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Aug 7 35

Other contributory causes of importance:

Senility

23. Was an operation performed? no Date of

For what disease or injury?

Was there an autopsy? no

What test confirmed diagnosis? clinical symptoms

24. If a communicable disease; where contracted?

Was disease in any way related to occupation of deceased? no

If so, specify how:

(Signed) Ronald E. Inwood M. D.

Address Litchfield Illinois

Date Aug 13 1935 Telephone 4405

*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.

25. Filed Aug 13 1935 Chris E. Zuber Registrar

P. O. Address Litchfield Ill.

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