

1. PLACE OF DEATH

Registration

County of MontgomeryDist. No. 720

STATE OF ILLINOIS

ORIGINAL

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

*Village *Township Primary 3510
 *City *Base Dist. Dist. No.
 (Cancel the three forms not applicable—Do not enter "R. R." "R. F. D." or other P. O. address.)

Street and Number, No

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

Registered No. 33 (Collective No.)Length of residence in city or town where death occurred 7 yrs. 11 mos. 15 ds. How long in U. S. if of foreign birth? 7 yrs. 11 mos. 15 ds.

2. FULL NAME

Claudia Striplin

(a) Residence: No.

310 Front

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced6. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph H. Pley7. DATE OF BIRTH (mo., day, and year) March 6, 18578. AGE Years 76 Months 11 Days 15 If LESS than 1 day, hrs. 1 min. 559. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home11. Date deceased last worked at this occupation (month and year) Feb. 1934 12. Total time (years) spent in this occupation 5513. BIRTHPLACE (city or town) Honey Bend (State or country) Illinois14. NAME Elio Striplin15. BIRTHPLACE (city or town) not known (State or country) not known16. MAIDEN NAME Matilda Richardson17. BIRTHPLACE (city or town) not known (State or country) not known18. INFORMANT Marie Keiser (personal signature with pen and ink)P. O. Address 325 Front St.

19. PLACE OF BURIAL, Cremation or Removal

Cemetery Cedar Ridge Feb 24, 1934Location Honey Bend (Township, Road Dist., Village or City)County Montgomery State Ill20. UNDERTAKER Carl D. ... ADDRESS Litchfield

(personal signature with pen and ink)

(firm name, if any)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 21, 193422. I HEREBY CERTIFY, that I attended deceased from Sept 32, Feb 21, 1934I last saw him alive on Feb 21, 1934; death is said to have occurred on the date stated above, at 8:50 a.m.

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

Broncho-Pneumonia Feb 19 1934

Other contributory causes of importance:

Senility23. Was an operation performed? Date of For what disease or injury? Was there an autopsy? What test confirmed diagnosis? 24. If a communicable disease; where contracted? Was disease in any way related to occupation of deceased?

If so, specify how

(Signed) H. P. ... M. D.Address Litchfield IllDate Feb 24, 1934 Telephone 156

*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 Feb 24, 1934 Chris Zuber RegistrarP. O. Address Litchfield Ill

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