

1. PLACE OF DEATH
Hancock

County.....
Township or Road Dist. }
or
Incorp. Town }
or Village }
or
City.....

Registration Dist. No. 347
Primary Dist. No.

STATE OF ILLINOIS 1667 ORIGINAL
State Board of Health - - Bureau of Vital Statistics

STANDARD
CERTIFICATE OF DEATH

Registered No. 7

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

2. FULL NAME Sarah Siens

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(Write the word)

6. DATE OF BIRTH Aug 17, 1842
(Month) (Day) (Year)

7. AGE 79 yrs, 10 mos, 26 ds
If LESS than 1 day, hrs. OR min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country) Ohio

PARENTS
10. NAME OF FATHER Jacarin Ewin
11. BIRTHPLACE OF FATHER (State or country) Va
12. MAIDEN NAME OF MOTHER Debby Anderson
13. BIRTHPLACE OF MOTHER (State or country) Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Alice Siens
(Informant)
Dallas City, Ill
(Address)

15. Filed *Guy Montgomery*, 191... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 13th-22, 191...
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12-21, 191... to June 12-22 191... that I last saw R.R. alive on June 12th, 1922, 191... and that death occurred, on the date stated above, at 12.30 P.M.
The CAUSE OF DEATH* was as follows:

Diabetis

Contributory (Secondary) Dialation of heart causing dropsey (Duration) 10 yrs, 1 mos, ds.
(Signed) H.V. Prescott, M. D.
(Address) Dallas City
Date 6-14-22, 191... Telephone 20

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death... yrs... mos... ds. In the State... yrs... mos... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Meyers Cemotery
DATE OF BURIAL June 15-22, 191...

20. UNDERTAKER E.D. Martin
ADDRESS Dallas City

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

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

V. S. No. 4
375M-10-24-16
2 P3395

I, KERRY ASBRIDGE, DO HEREBY CERTIFY that I am duly elected, qualified and acting COUNTY CLERK AND RECORDER OF HANCOCK COUNTY, STATE OF ILLINOIS, and I DO HEREBY FURTHER CERTIFY the foregoing is a true and correct copy as the same appears of record.

DATE April 18, 2008

SIGNED Kerry Asbridge

AT; CARTHAGE, ILLINOIS

BY: Guy Montgomery