

REGISTRATION OF DEATH.

(To be Returned, within 30 days, to the Register of Deeds of the County in which the Death occurs.)

1. Full name of deceased, Mrs. Abeline Booth
2. Color, (a) White
3. Sex, Female
4. Age, (last birthday), Fifty five
5. Name of father of deceased, _____
6. Name of mother of deceased, _____
7. Occupation of deceased, House wife
8. Place of birth of deceased, _____
9. Name of wife of deceased, _____
10. Name of husband of deceased, _____
11. Date of birth of deceased, _____
12. Date of death, Saturday Oct 8th 1887
13. Cause of death, (b) Paralysis
14. Place, town, or township, and county in which the person died, Eureka
15. Name and location of burial ground in which interred, Eureka
16. Any additional circumstances, _____

I HEREBY CERTIFY, That the above is a true return of the death and of the other facts there recorded.

Dated at St. Louis Falls
Wisconsin, this 17th day of October, 1887

E. V. Arnold M.D.
(c) Attending Physician.
Residence, St. Louis Falls

NOTE.—(a) State the color so distinctly that the race may also be understood, as White, Black, Mulatto, Indian, Mixed White and Indian, etc. (b) Answer as definitely and specifically as possible, giving location of disease or injury, and if possible the cause thereof. (c) Strike out these words if the return be made by some other person, and add other explanatory words.