

The Commonwealth of Massachusetts

STATE DEPARTMENT OF PUBLIC HEALTH

No 87679

REGISTRY OF VITAL RECORDS AND STATISTICS

COPY OF RECORD OF DEATH

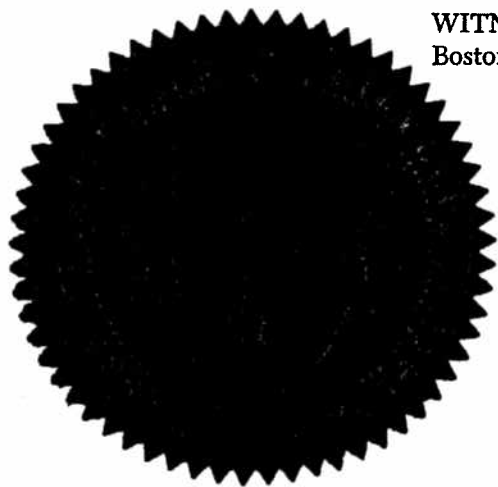
I, the undersigned, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have the custody of the records of death required by law to be kept in my office; that among such records is one relating to the death of

Sophia Louisa Washburn (Whitlock)

and that the following is a true copy of so much of said record as relates to said death, namely:

Name	<i>Sophia Louisa Washburn (Whitlock)</i>		
Date of Death	<i>October 20, 1899</i>		
Place of Death	<i>Fitchburg, Mass.</i>		
Residence at time of Death	<i>Fitchburg, Mass.</i>		
Sex	Color	Single, Mar., Wid. or Div.	
Wife of <i>Wife of</i>	<i>Abel S.</i>	If veteran, specify war	
Age	<i>61 years 9 months 24 days</i>	Occupation	<i>Housewife</i>
Birthplace	<i>Marysville N.B.</i>		
Immediate Cause of Death	<i>Cancer of Rectum</i>		
Due to	_____		
Due to	_____		
FATHER		MOTHER	
Full Name	<i>Jacob Whitlock</i>	Maiden Name	<i>Rachel Allen</i>
Birthplace	<i>Frederickton N.B.</i>	Birthplace	<i>Frederickton N.B.</i>
Date of Record	<i>1899</i>	Place of Burial	

And I do hereby certify that the foregoing is a true copy from said records.
WITNESS my hand and the GREAT SEAL OF THE COMMONWEALTH at Boston on this *20* day of *SEPTEMBER* 19*99*



Herbert E. Risser, Jr.

HERBERT E. RISSER, JR.
Registrar of Vital Records and Statistics

Year *1899*
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