

CERTIFICATE AND RECORD OF DEATH OF

Register No. 26 County _____

NSA 86
11/1/06

WRITE PLAINLY WITH BLACK UNFADING INK—THIS IS A PERMANENT RECORD.

1. Full Name Samuel S Whitlock

2. (a) Sex M (b) Color W (c) Single Widowed
Married _____
Widowed _____
Divorced _____

3. (a) Birthplace Vermont U.S. (b) Date of Birth Mar 30 1832
(State or Country)

4. Age 83 Years 7 Months 2 Days _____ Hours _____
(If less than one day old)

5. Died on the 1st Day of November 1915 at about 2:30 p.M.

6. Last Occupation farmer
(Profession, Trade or Kind of Industry or Business)
From Year 1850 To Year 1900

7. Previous Occupation (if any) none
From _____ To _____
(Date) (Date)

8. Place of Death Lesby Twp County of Randall
(Township, Village or City. If in City, Number of Street and Ward)

14. Place of Burial Madison St Cemetery 15. Undertaker O O Knudson License No. _____
Date of Burial Nov 3 Hour 4 p.M. Address Yorkville Ill 1066

9. How long in State 70 years

10. How Long in U. S. If Foreign Born Always

11. (a) Name of Father James Whitlock
(b) Birthplace of Father Vermont U.S.
(State or Country)

12. (a) Maiden Name of Mother Admira Eaton
(b) Birthplace of Father Vermont Ill
(State or Country)

The foregoing stated personal particulars are true to the best of my knowledge and belief:

13. Informant Mrs Frank Weiss
Address Newark Ill

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH

I hereby Certify That I attended Deceased from Oct 20 1915 to Oct 31 1915 That I last saw him alive on the 31st day of October 1915 That death occurred, on date stated above, at about 2:30 o'clock p M., and that to the best of my knowledge and belief the cause of his death was as hereunder written.
(IF UNDER ONE YEAR OLD STATE HOW FED)

(a) Cause of Death	<u>Chronic Interstitial Nephritis</u>	Duration in Years, Months, Days or Hours	<u>12 days</u>
(b) Contributing (secondary)	<u>Myocarditis</u>		

Witness my hand This 15th day of December 1915

(Signature) [Signature] M. D.
Address 1925 Yorkville Ill

