

REGISTRATION OF DEATH.

(To be returned, within 80 days, to the Register of Deeds of the County in which the Death occurs.)

UNCERTIFIED COPY - NOT VALID
FOR IDENTITY PURPOSES

- 1. Full name of deceased Abigail Searls Abigail Searls
- 2. Color (a) White White
- 3. Sex Female Female
- 4. Age (last birthday) 97 years 97 Years
- 5. Name of father of deceased _____
- 6. Name of mother of deceased _____
- 7. Occupation of deceased House Wife House Wife
- 8. Place of birth of deceased New York New York
- 9. Name of wife of deceased _____
- 10. Name of husband of deceased _____
- 11. Date of birth of deceased _____
- 12. Date of death April 22 - 1890 April 22, 1890
- 13. Cause of death (b) Old Age Old Age
- 14. Place, town or township, and county in which the person died Dodge Co Asylum - Near Juneau
Dodge County Asylum Near Juneau
- 15. Name and location of burial ground in which interred Minnesota Junction Cemetery
Minnesota Junction Cemetery
- 16. Any additional circumstances _____

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

Dated at Juneau

Wisconsin, this 27 23 day of October, 1890

A. J. Hallock
(c) Attending Physician.
Residence, Juneau

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.