

STATE OF WISCONSIN
Department of Health—Bureau of Vital Statistics

PLACE OF DEATH
County of Stamperham

COPY OF DEATH RECORD

Towship of Stamperham
or
Village of Stamperham
or
City of _____ (No. _____) St. _____ Ward _____

Page No. 882
(To be filled out by the register of deaths)

FULL NAME Fredrick R. Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH April 10 1840
(Month) (Day) (Year)

AGE 68 years 4 months 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Mass

NAME OF FATHER Fredrick Jones

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER Ruth Maria Rossiter

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION Ret. Farmer

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 18 1912 to Aug 30 1912
that I last saw h. live alive on Aug 30 1912
and that death occurred, on the date stated above, at 12
M. The CAUSE OF DEATH was as follows:
Stenosis Valvular Disease
of Heart

Contributory _____ (Duration) _____ days

Signed R. W. Anderson M. D.
9-1 1912 (Address) Stamperham, Wis

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ Days
How long at Place of Death?

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Stamperham, Wis DATE OF BURIAL 9-1 1912

UNDERTAKER Frank B. Stratton ADDRESS Stamperham, Wis

THE ABOVE STATED PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Edith R. Jones

(Address) Stamperham, Wis

Filed Sept 1 - 1912 W. S. J. Jones Local Registrar