

PLACE OF MARRIAGE

When Ceremony is performed fill the blank and within 5 days return to
COUNTY AUDITOR, WALLA WALLA, WASH.

County of Walla Walla
Town of Walla Walla
or
City of _____

CERTIFICATE OF MARRIAGE

LICENSE NO. B.1249

PERSONAL AND STATISTICAL PARTICULARS

GROOM

BRIDE

Full Name <u>Duron Hamilton</u>	Full Name <u>Rebecca Watson</u>
Residence <u>Walla Walla Wa.</u>	Residence <u>Waukegan Ill.</u>
Age at last Birthday <u>57</u> years	Age at last Birthday <u>50</u> years
Color or Race <u>white</u>	Color or Race <u>white</u>
Single, Widowed or Divorced <u>widowed</u>	Single, Widowed or Divorced <u>widowed</u>
Number of Marriage <u>third</u>	Number of Marriage <u>third</u>
Birthplace <u>Oregon</u> (State or Country)	Birthplace <u>Ill.</u> (State or Country)
Occupation <u>farmer</u>	Occupation <u>Housekeeper</u>
Name of Father <u>S Hamilton</u>	Name of Father <u>John Hughes</u>
Birthplace of Father <u>Ill.</u> (State or Country)	Birthplace of Father <u>Ill.</u> (State or Country)
Maiden Name of Mother <u>Jurplex</u>	Maiden Name of Mother <u>Jones</u>
Birthplace of Mother <u>Mo.</u> (State or Country)	Birthplace of Mother <u>Ill.</u> (State or Country)

Maiden Name of Bride if she was previously married _____

We, the groom and bride named in this certificate, hereby certify that the information given herein is correct, to the best of our knowledge and belief.

Duron Hamilton GROOM

Rebecca Watson BRIDE

CERTIFICATE OF PERSON PERFORMING CEREMONY

I HEREBY CERTIFY that Duron Hamilton and Rebecca Watson were joined in Marriage by me

in accordance with the laws of the State of Washington, at Walla Walla
this 23 day of May, 1916

Signature of Witness to the Marriage W. H. Burt
W. H. Burt
RESIDENCE Walla Walla Wa.

Signature of person performing the ceremony W. H. Burt
Minister Gospel
OFFICIAL STATION Walla Walla
RESIDENCE Walla Walla

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(County Auditor)