

PHYSICIAN'S CERTIFICATE OF DEATH.

STATE OF ILLINOIS,

The Physician who attended any person in a last illness should immediately return this Certificate, accurately filled out, to the County Clerk. Penalty \$10.00, if not returned within 30 days.

Shelby County.

STATE BOARD OF HEALTH.

1. Name *Jane Templetton* Sex *Female* Color *White*
2. Age *32* years *0* months *0* days. Occupation *Farmer's wife*
3. Date of Death *Sep 24* hour *12* M., * *Single, Married, Widower, Widow*
4. Nationality and Place where born *American Illinois*
5. How long Resident in this State *All her life 32 years*
6. Place of Death † *Ash Grove P P*
7. Cause of Death † *Hemorrhage from Uterus Stomach & Bowels* Complications *Child Birth*
8. Duration of Disease *12 hours. No had been suffering for 6 weeks with hemorrhage from bowels* Duration of Complication.
9. Place and Date of Burial *Ash Grove Sep 25-10 Windsor Ill*
10. Name and Place of Undertaker *Gilpin & Full*
11. Died at *Windsor Ill* 18*84* *G. W. Brunk* M. D.

*Erase such of these as are not required.
 †City—No., Street and Ward; same in Towns that have them; Township or Precinct.
 ‡State primary and immediate cause of death, and examine the list of diseases printed on cover of this book, and law pertaining to Coroner's inquests.

Illinois Printing Co., Printers, Danville, Ill.

NANCY JANE McCarty Templetton

STATE OF ILLINOIS)
 COUNTY OF SHELBY) ss.

I, DWIGHT CAMPBELL, County Clerk, do hereby certify that the foregoing is a true and correct copy of the death record for the decedent named in item # 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to registration of births, deaths and stillbirths.

DATED April 14, 1987
 At Shelbyville, Illinois.

SIGNED Dwight Campbell
 County Clerk of Shelby County,
 Illinois