

CERTIFICATE OF DEATH.

In the Town (Village) City of



- 1. Full Name of Deceased (If an infant or child, give parents' names.) Walterman Rides
- 2. Age 10 years 6 months 15 days Sex _____ Color (Name if other than the white)
- 3. Single, Married, Widowed (Draw one circle and no other in this box) 4. Occupation. F. Farmer
- 5. Birthplace (and State or Country) Littlefield, Warren Co. N.Y. (How long in the United States, if of foreign birth)
- 6. Father's Name and Birthplace. Samuel Rides (State or Country)
- 7. Mother's Name and Birthplace Lucinda Rides (State or Country)
- 8. Place of Death (If an institution, state the name.) North Littlefield (How long in this place.) 60-6-18 (If dying away from home, give home address below)
- 9. Date and Hour of Death:—Died on the 15 day of March 1891, at about _____ M.

10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and seal of Registrar) A. H. Ball, North Littlefield, Warren Co. N.Y.

11. I hereby Certify, That I attended the deceased from May 11 1891, to March 14 1891, that I last saw him March 14 1891 that he died on the 15 day of March 1891, about _____ o'clock _____ M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written :

CAUSE OR CAUSES OF DEATH

Dropsy

FOR GENEALOGICAL RESEARCH ONLY

Was a post-mortem held? no

Duration of Illness in			
Years	Months	Days	or Hours

* Inscrutinous.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: lung "inflammation and pneumonia," or "difficult labor, peritonitis, and septicaemia," or "scarlet fever, asphixia, dropsy, and coma," in cases presenting those phenomena.

† If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X," paralysis of the heart X," etc.

FAMILY

MEDICAL

Witness my hand this _____ day of _____ 1891

of Burial Permit _____

of Burial _____

of Burial _____

of Undertaker _____

(Signature) E. S. P. Jensen M.D.

Residence, North Littlefield