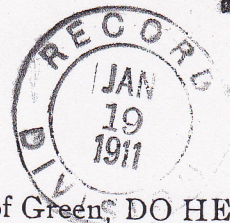


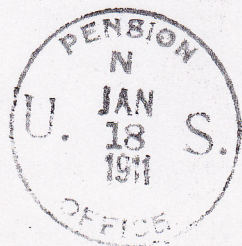
OFFICE OF  
REGISTER OF DEEDS } ss.  
GREEN COUNTY, WIS.



I, **F. E. Corson**, Register of Deeds in and for said County of Green, DO HEREBY CERTIFY, that I have compared the annexed copy of a *Certificate of Marriage* with the original

*Certificate of Marriage*  
now on file in my office, and that the same is a true and correct copy thereof, and the whole thereof, as the same remains of record in my office.

I FURTHER CERTIFY, That said original *Certificate of Marriage* was recorded on the *6th* day of *November* A. D. *1869* in volume *four* of *Registration of Marriage Record* on page *28* of the Records of Green County, Wisconsin.



In Witness Whereof, I have hereunto set my hand and seal this *12th* day of *January* A. D. *1911*.

*F. E. Corson*  
Register of Deeds.



# CERTIFICATE OF MARRIAGE.

(To be returned within 30 days to the Register of Deeds of the County in which the license was issued.)

1. Full name of husband..... *David Shields*
2. Full name of father of husband..... *Samuel Shields*
3. Full name of mother of husband (a)..... *Sarah Shields*
4. Occupation of husband..... *Farmer.*
5. Residence of husband..... *Spring Grove*
6. Birthplace of husband..... *Whiteside Co. Ill.*
7. Full name of wife previous to marriage..... *Annie Brace*
8. Full name of the father of wife..... *Thomas Brace*
9. Full name of the mother of wife (a)..... *Mildred Brace.*
10. Birthplace of wife..... *Green Co. Wis.*
11. The color of the parties (b)..... *White*
12. License, No. .... Date.....
13. Time when marriage was contracted..... *October 24th 1869.*
14. The place, town or township, and county where the marriage was contracted..... *Spring Grove, Green County.*
15. By what ceremony contracted..... *Civil.*
16. Names of subscribing witnesses { *A. C. Chapel*  
*R. H. Pomeroy.*
17. Any additional circumstances.....

STATE OF WISCONSIN, }  
County of *Green* } ss.

I Hereby Certify, That the foregoing marriage was solemnized by me on the day above named and that the above is a true return of said marriage, and the other facts there recorded, and that my credentials of ordination are filed in \_\_\_\_\_ County, Wisconsin.

Dated at *Spring Grove*, in the County of *Green*, on the *24th* day of *October*, A. D. 1869.

Title of clergyman, officer or other person pronouncing marriage. } Name, (c)..... *James R. Leutler*

Residence..... *Spring Grove, Green County, Wisconsin.*

NOTE.—(a) Give full name, previous to marriage. (b) State the color so distinctly that the race also may be understood as White, Black, Mulatto, Indian, Mixed White and Indian, etc. (c) The person pronouncing the marriage should sign here.



OFFICE OF  
REGISTER OF DEEDS } ss.  
GREEN COUNTY, WIS.

I, F. E. Corson, Register of Deeds in and for said County of Green, DO HEREBY  
CERTIFY, that I have compared the annexed copy of a certificate of death  
\_\_\_\_\_ with the original  
\_\_\_\_\_

now on file in my office, and that the same is a true and correct copy thereof, and the whole thereof, as  
the same remains of record in my office.

In Witness Whereof, I have hereunto set my hand  
and seal this 21<sup>st</sup> day of November

A.D. 1911

F. E. Corson

Register of Deeds.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

This form of certificate is to be used only by LOCAL REGISTRARS for reporting to the REGISTER OF DEEDS. Send this certificate to the REGISTER OF DEEDS when the monthly report is mailed to the state office. DO NOT distribute these blanks to undertakers or other persons required to report deaths to you.

PLACE OF DEATH

County Green

Township of Decatur

Village of \_\_\_\_\_  
or \_\_\_\_\_

City of Brookhead

(No. \_\_\_\_\_)

(If an infant not named give family name)

FULL NAME

David Shields

STATE OF WISCONSIN

Department of Health—Bureau of Vital Statistics

COPY OF DEATH RECORD

Page No. 959

(To be filled out by the register of deeds)

St. \_\_\_\_\_

Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

COLOR

white

DATE OF BIRTH

Feb.

28

1836

(Month)

(Day)

(Year)

AGE

75

years,

9

months,

8

days

SINGLE, MARRIED,  
WIDOWED, OR DIVORCED

Married

BIRTHPLACE  
(State or country)

Ill.

NAME OF  
FATHER

Sam Shields

BIRTHPLACE  
OF FATHER  
(State or country)

Not known

MAIDEN NAME  
OF MOTHER

Not known

BIRTHPLACE  
OF MOTHER  
(State or country)

Not known

OCCUPATION

Farming

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

(Informant) Harry Wheeler

(Address) Marion Wis

Filed

1/6

1911

E. J. Mitchell

Local Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Jan.

5

1911

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

Dec. 10

1910 to

Jan. 5

1911

that I last saw him alive on

Jan. 5

1911

and that death occurred, on the date stated above, at 8

P.M. The CAUSE OF DEATH was as follows:

Illness of liver

1 1/2 yrs. (Duration) \_\_\_\_\_ days

Contributory old age

(Signed) E. J. Mitchell (Duration) \_\_\_\_\_ days

1/6/ 1911 (Address) Brookhead M. D.

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

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

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

PLACE OF BURIAL OR REMOVAL

Greenwood

DATE OF BURIAL

1/7

1911

UNDERTAKER

E. Stewart

ADDRESS

Brookhead