

74611

2557

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Vol. 100 Page 8340

1. Name of Deceased: John J. Smith
2. Date of Birth: Jan 15 1895
3. Sex: Male
4. Race: White
5. Date of Death: June 14 1936
6. Place of Death: Home
7. Cause of Death: Heart Disease
8. Duration of Illness: Several Days
9. Name of Physician: Dr. J. H. Smith
10. Name of Undertaker: John J. Smith
11. Name of Burial Place: St. Mary's Cemetery
12. Name of Minister: Rev. J. H. Smith
13. Name of Coroner: John J. Smith
14. Name of Registrar: John J. Smith
15. Name of County: St. Lawrence
16. Name of State: South Dakota
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99. Name of County: St. Lawrence
100. Name of State: South Dakota

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CERTIFIED COPY

I hereby certify that this is a true and correct reproduction of a record filed in the office of the Registrar of Deeds, Washington County, South Dakota.

On or about January 18, 1986
Lorraine Biddle
 County of Deeds
 by Charles J. Fisher
 Deputy

This certificate that these signatures of Deed's record and its order to be a true certified copy.

STATE OF SIOUX COUNTY OF SIOUX

First the record is subject of _____
 of _____ at _____
 at _____

FILE 21.10

Deputy Registrar _____
 County Clerk _____