

REGISTRATION OF DEATH.

(To be returned, within 80 days, to the Register of Deeds of the County in which the Death occurs.)

1. Full name of deceased Samuel B. McLain
2. Color (a) White
3. Sex Male
4. Age (last birthday) 70th
5. Name of father of deceased Malcolm McLain
6. Name of mother of deceased Mary A. McLain
7. Occupation of deceased Dealer in Musical Instruments
8. Place of birth of deceased Province of New Brunswick
9. Name of wife of deceased Florence A. McLain
10. Name of husband of deceased _____
11. Date of birth of deceased April 4" 1849
12. Date of death Jan 4" 1890
13. Cause of death (b) Consumption following an acute attack of Pleuro-pneumonia
14. Place, town or township, and county in which the person died Chippewa Falls, Chippewa Co. Wis.
15. Name and location of burial ground in which interred Chippewa Falls Cemetery
16. Any additional circumstances _____

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UNCERTIFIED COPY
NOT VALID FOR IDENTITY PURPOSES

I HEREBY CERTIFY, That the above is a true return of the death and of the other facts there recorded.

Dated at Chippewa Falls
Wisconsin, this 22nd day of
January, 1890

W. N. Rogers
(Attending Physician).
Residence, Chippewa Falls, Wis.

NOTE.—(a) State the color so distinctly that the race may also be understood, as White, Black, Mulatto, Indian, Mixed White and Indian, etc. (b) Answer as definitely and specifically as possible, giving location of disease or injury, and if possible the cause thereof. (c) Strike out these words if the return be made by some other person, and add other explanatory words.