

1541

CERTIFICATE OF MARRIAGE.

(To be returned within 30 days to the Register of Deeds of the County in which the marriage is solemnized.)

1. Full name of husband... *Jacob Baer, widower*
2. Full name of father of husband... *George Baer*
3. Full name of the mother of husband (a)... *Mary Baer*
4. Occupation of husband... *Farmer*
5. Residence of husband... *Lerland, P.O., Wis.*
6. Birthplace of husband... *Cassia*
7. Full name of wife previous to marriage... *Frances Pennold, widow*
8. Full name of the father of wife... *Adam Bauer*
9. Full name of the mother of wife (a)... *Katharine Pauland*
10. Birthplace of wife... *Davaria*
11. Time when marriage was contracted... *June 4th 1898*
12. The place, town or township, and county, where the marriage was contracted... *Plain, Wis.*
13. The color of the parties (b)... *White*
14. By what ceremony contracted... *of the Roman Cath. Church*
15. Names of subscribing witnesses... *John D. Snyder, Challenge, H. H.*
16. Any additional circumstances...

STATE OF WISCONSIN, }
County of *Sauk* } 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.

Dated at *Plain*, in the county of *Sauk* on the *8th* day of *June*, A. D. 189*8*

Name, (c)... *John G. Larsen*
Title of clergyman, officer or other person pronouncing marriage... *Pastor of St. Luke's*
Residence... *Plain, Sauk* 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 marriage should sign here.

UNLAWFUL FOR IDENTIFY PURPOSES

744



1543

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH
County *Sauk*
Township *Franklin*
Village
City
State (No. *Wis.*)
Word

STATE OF WISCONSIN
Department of Health—Bureau of Vital Statistics
COPY OF DEATH RECORD
Page No. *29*
(It is the full name of the deceased.)

2 FULL NAME *Mrs. Frances Pennold*

FEDERAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 SEX <i>Female</i>	2 COLOR OR RACE <i>White</i>	3 MARRIAGE SERVICE OR RESUME (with the date)	4 DATE OF DEATH <i>May 2</i> 191 <i>2</i>
5 DATE OF BIRTH <i>Nov. 2</i> (Month) (Day) (Year)	6 AGE <i>73</i> (Years) (Months) (Weeks)	7 OCCUPATION <i>Housewife</i>	8 I HEREBY CERTIFY, That I attended deceased from <i>Sept. 1st</i> to <i>April 30</i> and that I last saw her alive on <i>April 30</i> and the CAUSE OF DEATH was as follows: <i>Sarful pneumonia</i>
9 BIRTHPLACE <i>Beveria Germany</i>	10 NAME OF FATHER <i>Adam Bauer</i>	11 CONTRIBUTOR <i>Prof. Dr. Coffey</i>	12 I certify the person causing death, or in the case of a stillborn, was as follows: <i>John D. Snyder</i>
13 NAME OF MOTHER <i>Katharine Pauland</i>	14 LENGTH OF RESIDENCE (See Hospital, Sanatorium, etc.) <i>Not known</i>	15 PLACE OF BIRTH OR RESIDENCE <i>St. Luke's Hospital, Plain, Wis.</i>	16 ADDRESS <i>Plain, Wis.</i>
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE <i>J. D. Snyder</i> (Official) <i>Spring, Wis.</i>	17 PLACE OF BIRTH OR RESIDENCE <i>St. Luke's Hospital, Plain, Wis.</i>	18 ADDRESS <i>Plain, Wis.</i>	19 SIGNATURE <i>John D. Snyder</i>

UNLAWFUL FOR IDENTIFY PURPOSES