

CERTIFICATION OF BIRTH

I, DEBORAH BANGHART, COUNTY CLERK AND KEEPER OF THE RECORDS OF THE COUNTY OF GREENE AND STATE OF ILLINOIS, DO HEREBY CERTIFY THE FOLLOWING BIRTH INFORMATION CONTAINED IN BOOK\_\_1\_\_, PAGE\_\_176\_\_, LOCATED IN THE OFFICE OF THE COUNTY CLERK, GREENE COUNTY, ILLINOIS.

NAME: Aurthur Smith

SEX: Male

DATE: 11/1/1883

PLACE: Athensville

NUMBER OF CHILD OF THIS MOTHER: Fourth

FATHER: James E Smith

OCCUPATION: Farmer

B/P: Greene Co, IL

MOTHER: Elizabeth (Ruyle) Smith

B/P: Greene Co, IL

FILED: 12/14/1883

DATED: April 9, 2021

Deborah Banghart, mc, COUNTY CLERK, GREENE COUNTY,  
ILLINOIS



THE PEOPLE OF THE STATE OF ILLINOIS,



To all Who Shall See These Presents,

GREETING.

Know Ye, That License and Permission are hereby given to any regular Minister of the Gospel, authorized to Marry by the Church or Society to which he belongs; any Justice of the Supreme Court; Judge of any Inferior Court; or any Justice of the Peace,

To Celebrate and Certify the Marriage

OF

Mr. J. E. Smith and Miss Lizzie Rayle, now both of this County, according to the usual custom and the Laws of Illinois.

Witness, GEORGE W. DAVIS, Clerk of the County Court of Greene County, Illinois, and the Seal thereof being hereunto affixed, at Carrollton, this 17 day of October, in the year of Our Lord, one thousand eight hundred and seventy-three.

Geo W Davis Clerk.

FOR NECESSARY LEGAL PURPOSES ONLY

This is to Certify, That on the 12 day of October, A. D., 1873

Joined in the Holy Bands of Matrimony,

Mr. J. E. Smith and Miss Lizzie Rayle according to the Usual Custom and the Laws of Illinois. Given under my hand and seal this 7 day of October, A. D., 1873.

J. C. Gaudin Minister of Gospel Seal

(FIVE CENTS STAMP.)





STATE OF ILLINOIS,

SS.

GREENE COUNTY.

FOR GENERAL PURPOSES ONLY

In the office of the Clerk of the County Court of said Greene County,

of the County of Greene and State of

Illinois, hereby applies to said Clerk for a License for the Marriage of

*J. E. Smith*

with

*Miss Lizzie Angelle*

of the County of Greene, and State of Illinois.

And the said applicant being duly sworn according to law, doth depose and say, that the said male person, in whose behalf application for said License is made, is of the age of twenty-one years, and the said female is over the age of eighteen years; and the said parties in whose behalf this application is made, are single and unmarried, and may lawfully contract and be joined in marriage.

*Wm. H. Brown*

Subscribed and sworn to at the said Clerk's office in Carrollton, this

1

day of

*October*

A. D. 1873, before me.

*Geo. W. Davis*

Clerk of County Court.



**CERTIFICATION OF DEATH RECORD**

340

COUNTY RECORD

**MEDICAL CERTIFICATE OF DEATH**  
STATE OF ILLINOIS

COUNTY FILE NO.

DECEASED'S BIRTH NO.:		DIST. NO. <b>722A</b> REG. NO. <b>503</b>	
1. PLACE OF DEATH a. COUNTY <b>Morgan</b> , ILLINOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township or road dist.) OR TOWN <b>Jacksonville</b>		c. CITY (If outside corporate limits, write RURAL and give township or road dist.) OR TOWN <b>Jacksonville</b>	
c. LENGTH OF STAY (In this place) <b>5 years</b>		d. STREET ADDRESS (If rural, give location) <b>800 East College</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>800 East College</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 12, 1952</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>	b. (Middle) <b>ARTHUR</b>	c. (Last) <b>SMITH</b>	5. SEX <b>Male</b>
6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 12, 1882</b>	9. AGE (In years last birthday) <b>69</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>William Smith</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Ruyle</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT (Hospitals follow Special Instructions on this item) a. Signature <b>Marvin R. Smith</b>		b. Address <b>4018 Runnymede Ave. Cincinnati, Ohio</b> c. Relationship to the deceased <b>Son</b>	
18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.* <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).</i>			INTERVAL BETWEEN ONSET AND DEATH
Direct cause (a) <b>Cerebral Hemorrhage</b>			<b>3 weeks</b>
MEDICAL CERTIFICATION BY PHYSICIAN ATTENDING FINAL ILLNESS ANTICIPATED CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.	due to (b) <b>Arterio-sclerosis</b>		<b>Several years</b>
	due to (c) <b>Hypertension</b>		<b>Several years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug. July 20, 1952</b> to <b>Aug. 12, 1952</b> , that I last saw the deceased alive on <b>Aug. 12, 1952</b> , and that death occurred at <b>1:00 a. m.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>G. O. Webster, M.D.</b> (Degree or title)		23b. ADDRESS AND PHONE NO. <b>894 Jacksonville, Illinois</b>	
23c. DATE SIGNED <b>8/13/1952</b>			
BURIAL—REMOVAL—CREMATION (date) <b>Aug. 14, 1952</b>		RECEIVED FOR FILING ON: <b>August 13, 1952</b>	
PLACE OF BURIAL Cemetery <b>Oak Hill</b> Location <b>Palmyra, Ill.</b>		Signed: <b>Anna Mann</b> <small>SMB-REGISTRAR</small>	
DISPOSITION OF FUNERAL DIRECTOR Firm Name <b>Stults Bros.</b> Address <b>Palmyra, Ill.</b>		LOCAL REGISTRAR: Address: <b>Jacksonville ILLINOIS</b>	
Signature <b>Otto L. Stults</b> License Number <b>3378</b>			

VS&R 200.1 DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*Jill S. Waggener*

05/24/2021

Jill S. Waggener  
Morgan County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



FOR GENEALOGICAL PURPOSES ONLY

No. 933 } STATE OF ILLINOIS, }  
 Greene } COUNTY. } CERTIFICATE OF DEATH.

Full Name of Deceased *Hannah B. Smith*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *female* Color *White* Age *81* Years *1* Months *13* Days

Place of Birth *Kentucky* (State or Country.) Lived in Illinois \_\_\_\_\_ years.  
 Occupation *Housewife* \*Single, Married, Widower, or Widow.

Died on the *22* day of *Nov.* 19*05*, at about *10* a. M.

Place of Death *Athensville Tennessee* (Township, Village, or City. If in City, number of Street and Ward.)

Place of Burial *Union Cemetery* (Cemetery.) Date of Burial *Nov. 23 1905*

Name of Undertaker *Wallis Kottick* Address *Southville Ill*

CAUSE OF DEATH	Immediate Cause	DURATION			
		Years	Months	Days	Hours
	<i>Paralysis</i>			<i>15</i>	
	Contributory Cause or Complication <i>Heart failure</i>			<i>1</i>	

I HEREBY CERTIFY, That the above stated personal particulars are true to the best of my knowledge and belief, and that the cause of death of the above named and described deceased was as above written by me.

WITNESS MY HAND, This *18* day } (Signature) *J. S. Bellinger*  
 of *Dec.* 19*05* } Address *Athensville Ill*  
 (Physician, Midwife, or Coroner.)

\*Erase as facts require.  
 Filed for Record this *26* day of *Jan.* 19*06* *Isaac Conley* County Clerk.