

AS

Use Ink, and write plainly, especially names.

1. Full name of deceased.....
(If an infant not named, or state and give sex.)
 William A. Ashmead

2. Age 6 1/2 years 7 months 12 days..... hours

3. Color White..... Occupation Teacher

4. Single, married, widow or widower..... {Cross out all but the right one.}

5. Birthplace..... Philadelphia
(State or country.)

6. Last place of residence..... Maurice
(If a city, give name; if not, give county and township.)
 River Cumberland Co

7. How long resident in this State..... 44 Years

8. Place of death..... Maurice River
(If in a city, give name and street and number; if in township, give name and county; if in an institution, so state.)
Cumberland Co

9. Father's name..... John B. Ashmead
 Country of birth..... U S

10. Mother's name..... Elizabeth Ashmead
 Country of birth..... U S

11. I hereby certify that I attended the deceased during the last illness, and that he died on the..... 17th day of..... July..... 1894; and that the cause of death was..... Hemiplegia, succeeding severe Prostration

Length of sickness..... 3 months {See over and add particulars.}
J. M. Wilson
 Medical Attendant

Residence..... Seelyug

Name of Undertaker..... M & C Compington

Residence of Undertaker..... Brooksville

Place of Burial..... Seelyug