

COUNTY OF ERIE,
STATE OF NEW YORK.

INDEXED

City of Buffalo—Bureau of Vital Statistics.

CERTIFICATE AND RECORD OF DEATH,

25

862
Chester D. Strickland

I hereby certify that I attended deceased from *July 1* 1904 to *July 10* 1904 that I last saw *him* alive on the *9* day of *July* 1904 that *he* died on the *9th* day of *July* 1904, about _____ o'clock, *A*. M., or P. M., and that to best of my knowledge and belief, the cause of *his* death was as hereunder written.

Chief Cause, *Lobular Pneumonia*
Contributing Cause, *asthma*

Witness my hand this *10* day of *July* 1904

Place of Burial, *Perrysburg N.Y.*
Date of Burial, *Feb 11 1904*
Undertaker, *Johnson & Williams*
Residence, *41 Niagara St.*
RESIDENCE, *1404 Main St*
Permission is given to embalm the above named body.

<i>Feb 9 1904</i>	<i>86 years 3 months & 2 days</i>	<i>White</i>	<i>Widower</i>	<i>Tanner</i>	<i>Perryburg, N.Y.</i>	<i>Life</i>	<i>6 months</i>	<i>Garnett K. Strickland</i>	<i>Vermont</i>	<i>Sally Strickland</i>	<i>Vermont</i>	<i>52 Morgan St.</i>	<i>"</i>	<i>Lobular Pneumonia</i>	<i>Asthma</i>	<i>July 10 1904</i>
How long in U.S. if foreign born.	How long resident in Buffalo.	Father's Name.	Father's Birthplace.	Mother's Name.	Mother's Birthplace.	Place of Death.	*Last previous Residence.	Direct cause of Death.	Indirect cause of Death.	Date of Record.						

*If deceased in a hospital or other institution, or away from home, give last place of residence.