

Reinecke Family

VII Reinecke, Simon → America 1853

75. a) Karoline Hoffmann aus Wülfer [Gem. Wülfer-B.], unverh. o) 25.6.1853 p) Amerika z) Sch; Schl
→ America 1853

e) with 3 children
76. a) Adolph Niemann aus Lockhausen-Vinnen-Uebben-trup Nr. 28, Kolon d) Juliane geb. NN e) Fritz, Heinrich, Johanna (ältestes Kd 4 J) o) 13.7.1853 p) Amerika z) Sch
→ America 1853 47 wife

77. a) Christoph Ostmeier aus Büxten [Gem. Lockhausen] Nr. 6, Einlieger b) 50 J d) Marie geb. NN e) Henriette (19 J), Friedrich (16 J) o) 21.7.1853 p) Amerika z) Sch
→ America 1853 47 son age 16 47 wife 47 wife age 19

d) 47 wife
78. a) Anton Obermeier aus Ahmsen [Gem. Biemsen-A.], Einlieger b) 52 J d) Henriette geb. NN e) Leopold (17 J), Hanne (14 J) o) 21.7.1853 p) Amerika z) Sch son, age 17
→ America 1853 47 daughter, age 14

47 wife
79. a) Johann Friedrich Kampmeier aus Schötmar, Tischlermeister d) m.F o) 26.7.1853 p) Amerika z) Sch
→ America 1853

* 80. a) Christoph Lucke aus Werl-Aspe, Einlieger e) Johanna (F des nach Amerika ausgewanderten Simon Reinecke) mit ihren 4 Kdrn: Caroline, Fritz, August, Wilhelm Reinecke (9 J - 20 Wo) o) 27.7.1853 p) Amerika z) Sch
→ America 1853 we, alias

47 wife age 12
81. a) Henriette Dreckshage geb. A Lücking aus Biemsen-Ahmsen, Ehefrau b) 40 J e) Luise (16 J), August (5 J), Minna o) 24.7.1853 p) Amerika s) Ehemann bereits in Amerika (Vgl. XII 179) z) Sch; Lipp. Kalender, 1951, S. 84/85
→ America 1853 son age 5 daughter age 16

82. a) Wilhelm Richter aus Schötmar, Metzgergeselle b) 19 J c) V: Metzgermeister R. in Sch. o) 27.7.1853 p) Amerika z) Sch; Schl
→ America 1853 - age 19

47 wife out son age 3
83. a) Friedrich Schaffer aus Bexterhagen, Einlieger d) m.F e) m. 1 S (3 1/4 J) o) 2.8.1853 p) Amerika s) Viell. identisch mit Nr. 61? 1 Kd inzwischen +? z) Sch
→ America 1853

* 80) REINECKE, Johanna LUCKE
REINECKE, Caroline (1767) daughter age 17
REINECKE, Fritz son
REINECKE, August daughter son
REINECKE, Wilhelm son age 20 with A
→ America 1853

[illegible]

Reineke Family

ORANGE COUNTY CALIFORNIA
GENEALOGICAL SOCIETY

OCCGS REFERENCE ONLY

ORANGE COUNTY CALIFORNIA
GENEALOGICAL SOCIETY

MARRIAGE LICENSE

THE PEOPLE OF THE STATE OF ILLINOIS
PIKE

To any Person legally authorized to solemnize Marriage

COUNTY
GREETING

MARRIAGE MAY BE CELEBRATED

Between Mr. W. A. Reineke of Perry
in the County of Pike and State of Illinois
of the age of 26 years and
Miss Catherine Wilson of Perry
in the County of Pike and State of Illinois
of the age of 22 years

Witness, J. R. Gicker County Clerk
and the seal of said County at his Office in Pittsfield in said County
this 4 day of Sept A. D. 1906

J. R. Gicker County Clerk
O. D. Gicker Deputy

State of Illinois }
PIKE COUNTY

I Geo. P. Grissel
a Minister of the Gospel hereby
certify that Mr. W. A. Reineke and
Miss Catherine Wilson were united in Marriage by me at
Perry in the County of Pike
and State of Illinois on the 4 day of September A. D. 1906

Geo. P. Grissel
Perry Ill

GENERAL SOCIETY

OFFICIAL USE ONLY

Received
Sept 1906

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

STATE FILE NO		56 047822		CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO		7003		REGISTRAR'S NUMBER		7684	
1a. NAME OF DECEDENT—FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME		2a. DATE OF DEATH—MONTH, DAY, YEAR		2b. TIME		2c. PLACE		2d. CITY	
William		Arthur		Reineke		May 31, 1956		4:07 P.		4107 P.		4107 P.	
3. SEX		4. COC. OR RACE		5. USUAL OCCUPATION		6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY)		8. IF UNDER 1 YEAR		9. IF UNDER 1 YEAR	
Male		Cauc.		Widowed		August 9, 1879		76 years					
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		9. BIRTHPLACE		10. CITIZEN OF WHAT COUNTRY		11. NAME OF PRESENT SPOUSE (IF MARRIED)		12. NAME OF PRESENT SPOUSE (IF MARRIED)		13. NAME OF PRESENT SPOUSE (IF MARRIED)	
Designer		Com. Showcases		Illinois		United States							
11. NAME AND BIRTHPLACE OF FATHER		12. MOTHER NAME AND BIRTHPLACE OF MOTHER		13. NAME OF PRESENT SPOUSE (IF MARRIED)		14. INFORMANT		15. LENGTH OF STAY IN THIS CITY OR TOWN		16. DATE OF DEATH		17. DATE OF DEATH	
Frederick A. Reineke, Germany		Mary A. Myers, Ohio				Daughter		5 years		May 31, 1956		May 31, 1956	
18. IF DECEASED EVER IN U.S. ARMED FORCES?		19. SOCIAL SECURITY NUMBER		20. ADDRESS		21. ADDRESS		22. ADDRESS		23. ADDRESS		24. ADDRESS	
No		551-07-5030A		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive	
17a. COUNTY		17b. CITY OR TOWN		17c. ADDRESS		17d. ADDRESS		17e. ADDRESS		17f. ADDRESS		17g. ADDRESS	
Los Angeles		Arcadia		1-07-03		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive	
17f. FULL NAME OF HOSPITAL OR INSTITUTION		17g. ADDRESS		17h. ADDRESS		17i. ADDRESS		17j. ADDRESS		17k. ADDRESS		17l. ADDRESS	
(None)		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive	
18a. STATE		18b. COUNTY		18c. CITY OR TOWN		18d. ADDRESS		18e. ADDRESS		18f. ADDRESS		18g. ADDRESS	
California		Los Angeles		Arcadia		07-03		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive	
19a. COOPER		19b. PHYSICIAN		19c. ADDRESS		19d. ADDRESS		19e. ADDRESS		19f. ADDRESS		19g. ADDRESS	
Charles F. Sacasa, M.D.		127 N. Madison Ave., Pasadena		May 31, 1956		May 31, 1956		May 31, 1956		May 31, 1956		May 31, 1956	
20a. SIGNED BY		20b. DATE		20c. CEMETERY OR CREMATION		20d. ADDRESS		20e. ADDRESS		20f. ADDRESS		20g. ADDRESS	
Burial		5/24/56		Rose Hills Memorial Park		F. M. Delaney		F. M. Delaney		F. M. Delaney		F. M. Delaney	
21. FUNERAL DIRECTOR		21b. DATE RECEIVED BY LOCAL REGISTRAR		21c. ADDRESS		21d. ADDRESS		21e. ADDRESS		21f. ADDRESS		21g. ADDRESS	
Glenser & Miller, Arcadia		MAY 23 1956		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive		335 Oxford Drive	
22. CAUSE OF DEATH		22b. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		22c. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		22d. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		22e. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		22f. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		22g. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
Widowhood		Carcinoma of Prostate		Carcinoma of Prostate		Carcinoma of Prostate		Carcinoma of Prostate		Carcinoma of Prostate		Carcinoma of Prostate	
23. DATE OF OPERATION		23b. DATE OF OPERATION		23c. DATE OF OPERATION		23d. DATE OF OPERATION		23e. DATE OF OPERATION		23f. DATE OF OPERATION		23g. DATE OF OPERATION	
Sept 4, 1952		Carcinoma of Prostate		Carcinoma of Prostate		Carcinoma of Prostate		Carcinoma of Prostate		Carcinoma of Prostate		Carcinoma of Prostate	
24. DATE OF DEATH		24b. DATE OF DEATH		24c. DATE OF DEATH		24d. DATE OF DEATH		24e. DATE OF DEATH		24f. DATE OF DEATH		24g. DATE OF DEATH	
May 31, 1956		May 31, 1956		May 31, 1956		May 31, 1956		May 31, 1956		May 31, 1956		May 31, 1956	

269280

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

S. Kimberly Belshe, Director and State Registrar of Vital Records
by: *Peter Abbott*

GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF
ACTING STATE REGISTRAR

DATE ISSUED

APR 2 1 1997

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

Form 5, 12-07-2000

PLACE OF DEATH
COUNTY OF SAN DIEGO

CALIFORNIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

220 435

TOWN OF
CITY OF San Diego

ORIGINAL CERTIFICATE OF DEATH State Index No.

Local Register No. 64

(No. 3546-B.

9-004396

(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

(If death occurs away from usual RESIDENCE, give facts called for under "Special Information.")

Full Name Catherine J. Reineke

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE

At Place of Death years, I months,
In California years, I months.

SEX

Female

COLOR OR RACE

White

DATE OF BIRTH

Sept. 14, 1884
Month Day Year

AGE

24 years, 4 months, 28 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Married

BIRTHPLACE

Perry ILL. State or County

OCCUPATION

Housewife

NAME OF FATHER

W.H. Wilson

BIRTHPLACE OF FATHER

London England

MAIDEN NAME OF MOTHER

Cornelius E. Bradbury

BIRTHPLACE OF MOTHER

ILL. State or County

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant W.H. Wilson

Address San Diego

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

2/11-09. 190-
Month Day Year

I HEREBY CERTIFY that I attended deceased from Jan 22nd, 1909, to Feb 11th, 1909; that I last saw her alive on Feb 11th, 1909; and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(duration) days.

Contributory

(duration) days.

Signed

H.N. Hoff, M.D.

2/11 1909. (Address) San Diego

SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS.

Former or Usual Residence

How long at Place of Death? Days.

Where was disease contracted, if not at place of death?

PLACE OF BIRTH OR REMOVAL

DATE OF REMOVAL.

Perry ILL.

2/12-09, 190

UNDERTAKER

ADDRESS

JOHN E. & CONNELL

SAN DIEGO

FILED

190

Registrar.

FILED

FEB 12 1909

FR

Register or Deputy

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.

S. Kimberly Belshé, Director and State Registrar of Vital Records and Statistics

by: Michael Davis

MICHAEL DAVIS, CHIEF
OFFICE OF VITAL RECORDS AND STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

DATE ISSUED
MAR 15 1995

021397



CERTIFIED COPY OF A RECORD OF BIRTH

I HEREBY CERTIFY that the attached is a true and correct copy of the record of birth of William Arthur Reineke as made from the original certificate of such birth now on file in this office in accordance with the law requiring reports of births, stillbirths and deaths in Illinois.

Signed

Official title

Address

Date July 20th, 19 42.

Form V. S. No. 30

(19093-150M-11-41)



STATE OF ILLINOIS
DWIGHT H. GREEN, Governor
Department of Public Health—Division of Vital Statistics

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH		Registration	
County of <u>Pike</u>		Dist. No. <u>X</u>	
<u>Detroit</u>		☒ Township ☒ Village ☒ City ☒ Town	
* (Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address.)		Primary Dist. No. <u>X</u> Street and Number <u>X</u>	

2. FULL NAME AT BIRTH <u>William Arthur Reineke</u>			
3. Sex <u>Male</u>	4. Twin, Triplet, or other? (To be answered only in the event of plural births)	5. Number in order of birth	6. Legitimate? <u>yes</u>
8. Full Name <u>Frederick Augustus Reineke</u>		14. Full Maiden Name <u>Mary A. Ayers</u>	
9. Residence at time of this birth <u>Detroit, Illinois</u>		15. Residence at time of this birth <u>Detroit, Illinois</u>	
10. Color <u>White</u>	11. Age at time of this birth <u>31</u> yrs.	16. Color <u>White</u>	17. Age at time of this birth <u>28</u> yrs.
12. Birthplace (City or Place) <u>Furrtenthine, Lipp</u> (Name State, if in U. S.) <u>Dettbold</u> (Name Country, if Foreign) <u>Germany</u>		18. Birthplace (City or Place) <u>Five Mile</u> (Name State, if in U. S.) <u>Ohio</u> (Name Country, if Foreign)	
13. Occupation (Nature of Industry) <u>Blacksmith</u>		19. Occupation (Nature of Industry) <u>Housewife</u>	
20. (a) Number of children born to this mother at the time of and including this birth <u>4</u>		(b) Number of children living at the time of and including this birth <u>4</u>	

21. I HEREBY CERTIFY that I was the Attendant at this Birth. This space only for signature of

Signed _____ Date _____ (Month) (Day) (Year)

Address _____

IF SIGNATURE OF BIRTH ATTENDANT IS OBTAINABLE, AN AFFIDAVIT IS NOT REQUIRED.

STATE OF Illinois
County of Pike } ss.

I HEREBY CERTIFY that I had actual knowledge of the facts as stated in this RECORD OF BIRTH at the time the birth occurred and know them to be true; and that I am related to this person as Brother

Signature H. O. Reineke
Present Address Pittsfield, Illinois

Subscribed to, and sworn before me this 7th day of February, 19 42

Official SEAL Virgil Durham, Co. Clerk X Notary Public

My commission expires Dec. 1, 1942.

22. Filed July 20th, 1942. Virgil Durham, County Clerk Registrar
Post Office Address Pittsfield, Illinois

NOTE: Local Registrars must make on this form a complete and accurate copy of the Original Certificate, and forward this copy to County Clerk on 10th day of each month. Omissions or abbreviations must not be made.
Local Registrars must not issue this form to Undertakers, Physicians or others, but must use it only for preparing County Clerk's (3349-50M-2-27)

Has decedent ever served in military or naval service of U. S.?

V.S. 5

1. PLACE OF DEATH County of <u>Pike</u>		Registration Dist. No. <u>774</u>	
Perry		Primary Dist. No. _____	
*(Cancel the three terms not applicable—Do not enter "R. E." "R. F. D." or other P. O. address). Street and Number, No. _____ St. _____ Ward, _____ Hospital _____			
2. FULL NAME <u>Mary Elizabeth Reineke</u> (a) Residence No. <u>In village</u> (Usual place of abode) St. _____ Ward, _____ (If non-resident, give city or town and State)			
Length of residence in city or town where death occurred yrs. mos. ds. Now long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) <u>Widowed</u>	
5a. If Married, widowed or divorced, name of HUSBAND of (or) WIFE of <u>Augustus Reineke</u>			
6. DATE OF BIRTH <u>Sept 25, 1857</u> (Month) (Day) (Year)			
7. AGE Years <u>77</u> Months <u>5</u> Days <u>27</u>	If LESS than 1 day _____ hrs. OR _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>In town</u> (c) Name of employer _____			
9. BIRTHPLACE (city or town) <u>Pikeville</u> (State or Country) <u>Ohio</u>			
PARENTS	10. NAME OF FATHER <u>Henry Myers</u>		
	11. BIRTHPLACE OF FATHER (City or Town) <u>unknown</u> (State or Country) _____		
	12. MAIDEN NAME OF MOTHER <u>Lusane Garner</u>		
13. BIRTHPLACE OF MOTHER (City or Town) <u>Indiana</u> (State or Country) _____			
14. INFORMANT <u>Harry O. Reineke</u> (personal signature with pen and ink) (P. O. Address) <u>Pattsville, Ill.</u>			
15. Filed <u>Mar 25, 1929</u> <u>J. C. Baker</u> Registrar. P. O. Address <u>Perry, Ill.</u>			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH <u>March 24, 1929</u> (Month) (Day) (Year)			
17. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred, on the date stated above, at _____ m. THE CAUSE OF DEATH* was as follows: <u>Organic Heart Failure</u> (Duration) _____ yrs. _____ mos. _____ ds.			
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.			
18. { Where was disease contracted, if not at place of death? Was an operation performed? <u>No</u> Date of _____ For what disease or injury? _____ Was there an autopsy? _____ What test confirmed diagnosis? (Signed) <u>O. H. Berry</u> <u>Coroner</u> Address <u>News Editor, Ill.</u> Date <u>3/24/29</u> Telephone _____			
*N. B.—State the disease causing death. All cases of death from "Violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.			
19. PLACE OF BURIAL Cremation or Removal <u>Perry</u> Cemetery <u>McNeal</u> Location <u>Perry</u> County <u>Pike</u> State <u>Illinois</u>			
20. UNDERTAKER <u>Francis Morton</u> (personal signature with pen and ink) <u>Morton Undertaking Co.</u> (Firm name, if any)			
21. DATE <u>Mar. 26, 1929</u>			
ADDRESS <u>Pike, Ill.</u>			

ORANGE COUNTY CALIFORNIA
GENEALOGICAL SOCIETY

6075

idav

I Mary E. Reincke of the Town of Perry,
1st State of Illinois, of the Age of Sixty Eight
Years, and being of Sound mind and memory, do
make, Publish and declare this my last Will and
Testament in the manner following, that is to say,
I give, devise and bequeath all of my Real Estate
and Personal property of what ever nature or kind
that I shall own and have at the time of my
Death to my Daughter Alice Reincke to have and
to hold as her sole property, Excepting all money,
after my burial expences is paid to be equally divided
between my children as follows, Alice Reincke,
Harry Reincke, Laura Robbins, William Reincke and
Fred Reincke., I hereby Appoint my Son Harry
Reincke, my sole Administrator of this my last
Will and Testament without Bond.

In Evidence I have hereunto set my hand ^{and} Seal,
this Eleventh day of February, A.D. 1920
Mary E Reincke Seal

Signed, Sealed, Published, and declared as the last
Will and Testament of Mary E. Reincke, above
Subscribed Testator in the presence of us, who at
her request in her presence and in the presence of
each other have hereunto Subscribed our names as
witnesses. this Eleventh day of February A.D. 1920

A. J. McLaughlin
James Morris

Marriage License.

State of Illinois, Pike County.
The People of the State of Illinois;

TO ALL WHO SHALL SEE THESE PRESENTS,
GREETING:

Know Ye, That License and permission is hereby granted any regular Minister of the Gospel authorized to Marry by the Church or Society to which he belongs, any Justice of the Supreme Court, Justice of an inferior Court, Justice of the Peace to celebrate and certify the Marriage of Mr. Augustus F. Reneka and Miss Mary E. Ayers both of this County, according to the usual custom and Laws of the State of Illinois.

In Witness Whereof, I have hereunto set my hand and the seal of said County, this 27th day of November A. D., 1872.

W. F. Gillmore COUNTY CLERK.

State of Illinois, } ss.
PIKE COUNTY.

I W. F. Gillmore a Minister of the Gospel hereby certify that on the 27th day of November, 1872, I joined in Marriage Mr. Augustus F. Reneka with Miss Mary E. Ayers agreeably to the authority given in the above License and the custom and laws of this State, Given under my hand and seal this 27th day of November A. D., 1872.

W. F. Gillmore



Death Record No. 3

ILLINOIS PRINTING CO., DANVILLE, ILL.

CERTIFICATE AND RECORD OF DEATH

Register No.

PIKE COUNTY.

1. FULL NAME August F. Reineke

2. (a) SEX Male (b) COLOR White (c) SINGLE—MARRIED Married
WIDOWED—DIVORCED

3. (a) BIRTHPLACE Germany (b) DATE OF BIRTH Sept 15-1848

4. AGE 63 YEARS 7 MONTHS 8 DAYS HOURS

5. DIED ON THE 73 DAY OF April 1912 AT ABOUT M.

6. LAST OCCUPATION (a) Blacksmith (b)
FROM THE YEAR (c) TO THE YEAR

7. FORMER OCCUPATION (a) (b)
FROM THE YEAR (c) TO THE YEAR

8. PLACE OF DEATH Perry COUNTY OF Pike

14. PLACE OF BURIAL Perry
DATE OF BURIAL Apr 26 HOUR 2 P. M. ADDRESS
15. UNDERTAKER Frances Norton LICENSE No 1920
ADDRESS Perry, Ill

9. HOW LONG IN STATE 58 yrs

10. HOW LONG IN U. S. IF FOREIGN BORN 58 yrs

11. (a) NAME OF FATHER Simon Reineke
(b) BIRTHPLACE OF FATHER Germany

12. (a) MAIDEN NAME OF MOTHER Kamiah Stone
(b) BIRTHPLACE OF MOTHER Germany

The foregoing stated personal particulars are true to the best of my knowledge and belief:

13. INFORMANT Wm. Reineke
ADDRESS Perry, Ill

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH.

I Hereby Certify That I attended deceased from Mar 1900 to Apr 23 1912 that I last saw him alive on the 23 day of Apr 1912. That death occurred on date stated above, at about 9:30 o'clock 9 M., and that to the best of my knowledge and belief the cause of his death was as hereunder written.

(a) CAUSE OF DEATH <u>Chronic Diabetes</u>	Duration in Years, Months, Days or Hours
(b) CONTRIBUTORY (SECONDARY)	

Witness my hand THIS 73 DAY OF April 1912 (SIGNATURE) B. B. Dunn M. D.
ADDRESS Perry, Ill

Filed for Record this 13 day of June 1912 W. H. Bissell County Clerk.

Reineke Family

OCCGS REFERENCE ONLY

ORANGE COUNTY CALIFORNIA
GENEALOGICAL SOCIETY

ORANGE COUNTY CALIFORNIA
GENEALOGICAL SOCIETY