

The Commonwealth of Massachusetts

UNITED STATES OF AMERICA

Certificate of Death

Decedent: Rachel Fuller Sex: female

Date of Death: Feb. 28, 1812 Place of Death: Sandisfield, MA

Race: _____ Age: 75

Place of Birth: _____ Date of Birth: _____

Single, Married,
Widowed or Divorced: widowed Spouse: Lot Fuller
(If wife, give full maiden name)

Usual Occupation: _____

If U.S. War Veteran
Specify War: _____ Social Security Number: _____

Residence at time of Death: _____

Father: _____ Place of Birth: _____
(Full name)

Mother: _____ Place of Birth: _____
(Full Maiden Name)

Type and Place of Disposition: Sandisfield Center Cemetery

Disease or Cause of Death: _____

Date of Record: 1812 Volume 1 Page 65

I do hereby certify that I hold the office of Clerk of the Town of Sandisfield, County of Berkshire, and Commonwealth of Massachusetts. I further certify that the foregoing is a true copy from the records of Deaths required by law to be kept in my custody.

Witness my hand and seal of Town of Sandisfield on this first day of
September, 2010

Dalores Haras, KC
Town Clerk