



NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

APPLICATION FOR MEMBERSHIP

App Version: 2019 – Updated Fee Schedule: August 2019

APPLICATION FEES

New member Application:

Dues (refunded if not able to join):

\$42 joining through a Chapter

\$58 joining Member-at-Large

Application Fee: \$75 (not refunded)

Chapter Check amounts:

- *Pending Chapter Member* and not a C.A.R. member in good standing: \$117
- *Pending Chapter Member* and C.A.R. member in good standing: \$42

Personal Check amounts:

- *Prospective Organizing Member* and not a C.A.R. member in good standing: \$117
- *Prospective Organizing Member* and C.A.R. member in good standing: \$42
- *Member-at-Large* (not joining through a chapter): \$133
- *Member-at-Large* (not joining through a chapter) and C.A.R. member in good standing: \$58

Supplemental Application:

Personal or chapter Check: \$75 and is non-refundable

APPLICATION NOTES

Failure to follow these guidelines may result in the paper being returned to the chapter or applicant for revision.

Completing the form:

The correct format for entering dates is: dd mmm yyyy

Ex: 1 Jan 1900

NOT: 1/Jan/1900 or 01/01/1900

The correct format for entering places is: city or twp county state

Ex: Sullivan Sullivan Co IN

NOT: Sullivan Sullivan IN or
Sullivan (Sullivan) IN or
Sullivan/Sullivan/IN

Printing the form:

- The form must be printed on acid-free, 25% rag content, watermarked legal size paper.
- The form must be printed on legal sized paper in legal sized format. Please review your printer's settings before attempting to print.
- Make sure that all 4 pages print out in the correct format. You may wish to print on regular, legal size paper first before printing on the approved paper to make sure the settings are correct.

Special considerations for Mac users:

Many of the issues that have been reported by Mac users are known issues due to conflicts between Adobe and the Mac OS. There are workarounds for most of these.

If some characters fail to print, adjust Adobe to print the form "as an image." In Adobe, select File >> Print >> Advanced [tab at the bottom] >> Check "Print As Image"

Additional help:

Please consult the Members' Website and the following DAR publication for additional information:

Genealogy Guidelines

- [*Genealogy Guidelines Part One - Guide for Chapter Registrars*](#)
- [*Genealogy Guidelines Part Two - Completing the Application and Proving Lineage*](#)
- [*Genealogy Guidelines Part Three - Service*](#)

Current editions of the above publications may be downloaded for FREE from the Members' Website

APPLICATION FOR MEMBERSHIP TO THE NATIONAL SOCIETY
OF THE
DAUGHTERS OF THE AMERICAN REVOLUTION
WASHINGTON, DC

State Texas
City San Antonio
Chapter Ol' Shavano
National Number _____ Chapter Code _____

(First Name) _____ (Middle and Maiden Name) _____ (Last Name) _____
Single ☐ Wife ☐ Widow ☐ Divorced ☐ _____ (Spouse) _____
Residence _____ (Number) _____ (Street) _____ (City) _____ (State) _____ (Zip Code + 4) _____
Registrar's E-mail address _____ Phone (____) _____
Applicant's E-mail address _____ Phone (____) _____
Name as you wish it to appear on DAR Certificate _____
Revolutionary Ancestor RALPH TROWBRIDGE

ELIGIBILITY CLAUSE

"Any woman is eligible for membership in the National Society of the Daughters of the American Revolution who is not less than eighteen years of age, and who is a direct biological descendant, descended from a man or woman who, with unfailing loyalty to the cause of American Independence, served as a sailor, or as a soldier or civil officer in one of the several Colonies or States, or in the United Colonies or States, or as a recognized patriot, or rendered material aid thereto; provided the applicant is personally acceptable to the Society." (Bylaws, Article III, Section 1.)

Applicant must provide documentation proving lineal descent for each statement of birth, marriage and death. This shall include a birth certificate naming her parents. Data submitted as proof is subject to DAR standards and interpretation. This applies to "new ancestors" and previously accepted lineage for which documentation was not required at the time of acceptance.

Applicant further says that the said RALPH TROWBRIDGE (name of ancestor) is her ancestor and that the statements set forth are true to the best of her knowledge and belief.

The applicant also pledges allegiance to the United States of America and agrees to support its Constitution. This applies to applicants for membership within the United States of America and its territories.

Signature of Applicant _____

The following chapter officer attests the signature of the applicant in lieu of a notary.

_____, 20____
(Name) (Chapter Office)

Notarization of applicant's signature, if necessary, may be provided below.

Subscribed and sworn to before me at _____ (City) _____ (State)
this _____ day of _____ A.D. _____
Signature of Notary _____
My Commission Expires _____

As chapter officers, the undersigned have examined the completed application of the above applicant.

FOR OFFICE USE ONLY:

Application and Fees received _____

Chapter Regent _____

Chapter Registrar _____

Endorsement for membership at large by the State Regent _____

Endorsement of member for member by _____ National Number _____

Recommended by the two undersigned members of the National Society, in good standing, to whom the applicant is personally known. Endorsers must be of same chapter; if joining At Large, of the same State.

ENDORSED IN HANDWRITING BY

DAR National Number _____ DAR National Number _____

Name _____ Name _____

Residence _____ Residence _____

Chapter _____ Chapter _____

When filled out and properly endorsed, the application should be sent to Data Entry, NSDAR, 1776 D Street NW, Washington, DC 20006-5303, with the necessary fee and dues. When the new member application is approved by the National Board on the 5th of each month, a copy of the verified application will be available on e-Membership for the Chapter Registrar to download; if joining At Large, a copy of the verified application is mailed to the new member. Once a supplemental application is verified and the add volume is filled, the verified supplemental will be available on e-Membership for the Chapter Registrar to download. The application, information thereon, and supplemental data become the property of the National Society.

LINEAGE

1. (applicant's name) Dawn DeAnn Millsap declare
 I was born on November at _____
 married on _____ at _____
 to _____ born on _____
 at _____ died or divorced _____
 (2) married on _____ at _____
 to _____ born on _____
 at _____ died or divorced _____
 (3) married on _____ at _____
 to _____ born on _____
 at _____ died or divorced _____

I am the biological daughter of

2. Marvin Ray Millsap born 3-11-40 at Johnson Co./ Cedar Rapids, IA
 died at _____ on 8- - 1973 and his () wife
Shirley Ann Lloyd born 12-24-41 at Jones Co./ Olin, IA
 died at Linn Co./ Cedar Rapids, IA on NEED Death Certificate 1991 Married - Date 11-21-1959
 at Wyoming

3. The said Marvin Ray Millsap was the biological child of
Frank William Millsap born 10-30-1913 at Jones Co./ Wyoming, IA
 died at _____ on Watkins - 1963 and his (1st) wife
Mildred Lois Usher born 9-19-19 at Benton Co./ Newhall, IA
 died at Jones Co./ Anamosa, on 2-24-89 Married - Date 10-7-39
 at Jackson Co.

4. The said Mildred Lois Usher was the biological child of
Alonso Ellswood Usher born 8-4-1878 at Linn Co., Covington, IA
 died at Benton Co./ Florence on 3-28-42 and his (1st) wife
Hattie E. Seltrecht born 8-23-1882 at Gribswald, Germany
 died at _____ on NEED Death Certificate - 1975 Married - Date 8-9-1899
 at Linn Co./ Marion, IA

5. The said Alonso Usher was the biological child of
Jephtha Usher born 4-6-1845 at Fayette Co./ Eldorado, IA
 died at Cedar Rapids, IA on 12-27-19 and his (1st) wife
Loenar Trowbridge born 9-1-1845 at NY
 died at _____ on 2-11-20 Married - Date 9-29-1867
 at Linn Co./ Cedar Rapids, IA

6. The said Loenar Trowbridge was the biological child of
Hiram Trowbridge born 11-6-1818 at Ulster Co./ Olive, NY
 died at _____ on 4-22-1898 and his () wife
Maria Avery born 11-30-1821 at Sampsonville, NY
 died at Toddville, NY on 12-13-1900 Married - Date _____
 at _____

7. The said Hiram J. Trowbridge was the biological child of
Ralph Trowbridge born - - 1767 at New Fairfield CT
 died at Olive Ulster Co NY on c - - 1852 and his (1st) wife
Johanna De Voe born c - - 1770 at _____
 died at prob Ulster Co NY on p - - 1820 Married - Date 17 - Aug - 1791
 at Marbletown NY

8. The said Ralph Trowbridge was the biological child of
Ralph Trowbridge born c - - 1737 at Wilton CT
 died at New Paltz Ulster Co NY on c - - 1800 and his (1st) wife
Hannah born - - at _____
 died at _____ on - - Married - Date - - 1761
 at Wilton CT

9. The said _____ was the biological child of
 born _____ at _____
 died at _____ on _____ and his () wife
 born _____ at _____
 died at _____ on _____ Married - Date _____
 at _____

10. The said _____ was the biological child of
 born _____ at _____
 died at _____ on _____ and his () wife
 born _____ at _____
 died at _____ on _____ Married - Date _____
 at _____

11. The said _____ was the biological child of
 born _____ at _____
 died at _____ on _____ and his () wife
 born _____ at _____
 died at _____ on _____ Married - Date _____
 at _____

12. The said _____ was the biological child of
 born _____ at _____
 died at _____ on _____ and his () wife
 born _____ at _____
 died at _____ on _____ Married - Date _____
 at _____

13. The said _____ was the biological child of
 born _____ at _____
 died at _____ on _____ and his () wife
 born _____ at _____
 died at _____ on _____ Married - Date _____
 at _____

REFERENCES FOR LINEAGE

Give below the citations of sources for proof of EACH statement of birth, marriage, and death dates and places; and the connection from the applicant/member through the generation of the Revolutionary Ancestor. Vital records should be cited as BC, MC, DC, etc. Published authorities should be cited by title, author, date of publication, volume and page. Vital records and other sources found on the internet must have a complete citation, such as IN, Marriage Rees, Shelby, 1909-1911 Vol 20, Ancestry; Death Register, Clarke Co, 1853-1896 FHL #2056978; TS Photo, Findagrave, Mem #12345678. Cite the National Number and the Ancestor Name and Number of the most recent verified paper for each proven generation of this lineage.

1st Gen.

2nd Gen.

MRM-BC
MRM-DC; gravestone
SAM-gravestone

3rd Gen.

MLM/FWM-MC
FWM-obit
FWM/MLM-gravestone
FWM-DSS1
4th Gen.
AEU-DC
AEU/HES-MC

5th Gen.

JU/LTU-MC
JU-DC
LTU-DC

6th Gen.

Nat'l Num: 703261 Ancestor: A116223 RALPH TROWBRIDGE

7th Gen.

Nat'l Num: 703261 Ancestor: A116223 RALPH TROWBRIDGE

8th Gen.

Nat'l Num: 703261 Ancestor: A116223 RALPH TROWBRIDGE
RT-Revolutionary War (NY Militia) card

9th Gen.

10th Gen.

11th Gen.

12th Gen.

13th Gen.

ANCESTOR'S SERVICE

The said RALPH TROWBRIDGE who resided during the American Revolution at NEW PALTZ, NY

assisted in establishing American Independence while acting in the capacity of Pvt
for the state/country of NY Ancestor Number A116223

A description of my ancestor's services during the Revolutionary War were as follows: *(THIS FIELD CANNOT BE LEFT BLANK)*

- 1) CAPT JACOB HASBROUCK, COL JOHN CANTINE
2) 3RD REGT., ULSTER CO., MIL.

Give source citation(s) of acceptable proof for Military, Civil or Patriotic Service. When proving new service, or updating current service, a copy of the proof must be submitted. (THIS FIELD CANNOT BE LEFT BLANK)

Application Verified _____ Accepted by the National Board _____

Registrar General _____

Recording Secretary General _____

The names of spouses and children listed below do not constitute proof of lineal descent from the Revolutionary patriot except for the spouse and child listed in the lineage on page two of this application.

My Revolutionary ancestor was married (This section is **OPTIONAL**)

(1) to _____ at _____ on _____

(2) to _____ at _____ on _____

(3) to _____ at _____ on _____

(4) to _____ at _____ on _____

CHILDREN OF REVOLUTIONARY ANCESTOR *(This section is OPTIONAL)*

As proven by:

[illegible]

STATE OF IOWA
County Record

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RECORD OF BIRTHS, No. 11, JONES COUNTY, IOWA

1. Place of Birth a. County Jones	5b. If Twin or Triplet, was child born 1st () 2nd () 3rd ()	16. Children previously born to this mother a. How many children living? <u>0</u> b. How many children born alive but now dead? <u>0</u> c. How many fetal deaths? <u>0</u>
b. City, Town, or Location Anamosa	5. Date of Birth Nov. 13 1966 Hour 1:20 P.M.	17a. Informant Mother
c. Name of Hospital or Institution Anamosa Community Hospital	7. Father of Child a. First Marvin b. Middle Ray c. Last Millsap	17b. Mother's Mailing Address Onslow, Iowa
d. Is Place of Birth Inside City Limits? Yes (x) No ()	8. Color or Race W 9. Age 26	18a. Attendant's Name Aaron P. Randolph
1. Usual Residence of Mother a. State Iowa b. County Jones	10. Birthplace Iowa	18b. Attendant at Birth M.D. (X) D.O. () Midwife () Other
c. City, Town, or Location Onslow	11a. Usual Occupation Laborer	18c. Attendant's Address Anamosa, Iowa
d. Street Address None	11b. Kind of business or industry Feed Production	18d. Date Signed 11/14/66
e. Is Residence Inside City Limits? f. Is Residence on a Farm? Yes (X) No () Yes () No (X)	12. Mother of Child—Full Maiden Name Shirley Ann Lloyd	19. Date Rec'd by Local Reg. DEC 3 1966
3. Child's Full Name DAWN DeANN MILLSAP	13. Color or Race W 14. Age 24	20. Local Registrar's Name File No. Warren P. Lawrence 109.
4. Sex a. This Birth F Single (x) Twin () Triplet ()	15. Birthplace Iowa	21. Date on which Given Name Added By

This is to certify that this is a true and correct reproduction of the original record as recorded
in this office, issued under authority of Chapter 144, Code of Iowa.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JAN 29 2020

BY

Shirley Jones

OF

Jones
COUNTY

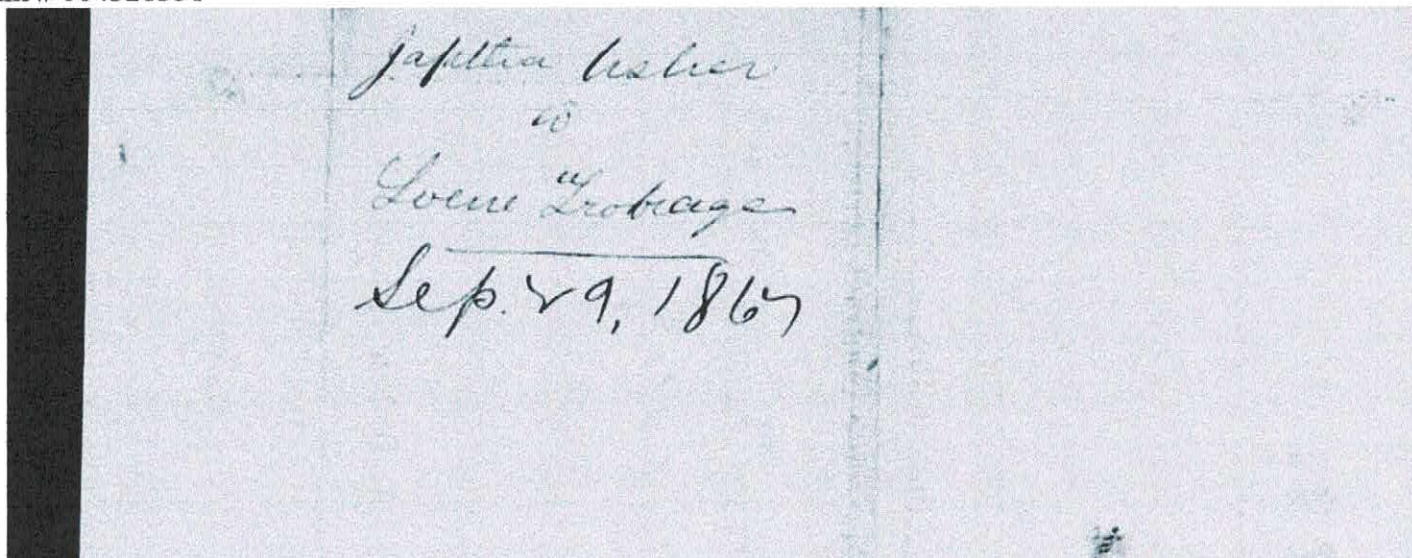
DATE ISSUED

C4426166

FORM #588-0328C (03/2010)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY





"Iowa, County Marriages, 1838-1934," database, FamilySearch (<https://familysearch.org/ark:/61903/3:1:S3HT-DTC7-MY3?cc=1805551&wc=M6TH-N3D%3A148982301> : 21 May 2014), 004321351 > image 544 of 1572; county courthouses, Iowa.

MARRIAGE CERTIFICATE.

STATE OF IOWA,
LINN COUNTY,
TO THE COUNTY COURT OF SAID COUNTY:

I, *Robert W. Linn* of the County of Linn, State of Iowa,

and duly authorized to solemnize marriages in said County, do hereby certify that on the *29* day of *September* A. D. 186*7* I solemnized a Marriage Contract between

Charles W. Linn aged *22* years, and

Levi W. Linn aged *22* at *Charles Linn*

in *Linn* Township, Linn County aforesaid

Given under my hand

this *29* day of *September* A. D. 186*7*

Robert W. Linn



287. **HIRAM TROWBRIDGE** (*Ralph*¹⁶⁹, *Ralph*¹⁷⁶, *Caleb*¹¹¹, *James*¹⁰³, *William*¹⁰⁰, *Thomas*¹), born November 6, 1818, in Olive, N. Y.; died April 22, 1898, in Marshalltown, Iowa; married August 26, 1841, in Olive, Maria *Avery*, daughter of Samuel and Sally (Batey?) *Avery*, born November 30, 1821, in Sampsonville, N. Y.; died December 13, 1900, in Toddville, Iowa.

Hiram Trowbridge settled as a farmer in his native town and lived there until 1856. In the spring of that year he emigrated to Illinois and settled on a farm near Freeport. About two years later he removed to Cedar Rapids, Iowa, where he made his home for many years.

He was a soldier in the Civil War and enlisted September 27, 1862, as a private in Company A, 37th Iowa Infantry, known as the "Graybeard Volunteers." He was not in active service, but served as a guard. The last few years of his life were passed at the National Soldiers' Home in Marshalltown, Iowa.

CHILDREN:†

- i. SARAH ELLEN, b. July 23, 1842; m. Jan. 4, 1864, Rev. Isaac Bliss and resides in Pepperwood, Cal.
- ii. JOHANNA, b. Dec. 13, 1843; d. Mar. 7, 1863, in Cedar Rapids, Iowa; unm.
- iii. LOENA, b. Sept. 1, 1845; m. Jasper Fisher and resides in Toddville, Iowa.*
- iv. LOUISA, b. Jan. 29, 1848; d. _____, 1870.
- v. ABELLA, b. Jan. 19, 1850; m. Richard Coleman and resides in Cedar Rapids.*
- vi. SIMON, b. Jan. 20, 1852; d. _____, 1856.
- vii. JACOB BENJAMIN, b. Mar. 15, 1855; d. _____, 1877.
- 528a. viii. ALONZO, b. Sept. 3, 1856.
- ix. CHRISTIANNA, b. Jan. 24, 1858; m. James Pollock and resides in Cedar Rapids.*

Name Meaning

Trowbridge Ralph

English (Dorset, Wiltshire and Hampshire): habitational name from Trowbridge in Wiltshire, named from Old English *trēow* 'tree' + *brycg* 'bridge'; the name probably referred to a felled trunk serving as a rough-and-ready bridge.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH
STATE OF IOWA

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number. 1

County Linn
Township Rapids
Village or
City Cedar Rapids (No. 316 S. 7th. St. West St.; Ward)
²FULL NAME Jep Usher

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (Write the word) Married

6 DATE OF BIRTH April 6th. 1984
(Month) (Day) (Year)

7 AGE 74 yrs. 8 mos. 21 ds. If LESS than 1 day, hrs. or min. 2

8 OCCUPATION (a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Iowa

10 NAME OF FATHER Conl Usher
11 BIRTHPLACE OF FATHER (State or country) Penna
12 MAIDEN NAME OF MOTHER Harriet ?
13 BIRTHPLACE OF MOTHER (State or country) Penna.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hiram J. Usher
(Address) Cedar Rapids Iowa.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 27th. 1984
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1919, to Dec 27, 1919, that I last saw him alive on Dec 27, 1919, and that death occurred, on the date stated above, at 8:24 P
The CAUSE OF DEATH* was as follows:
Chorea

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) H. J. Usher (Duration) yrs. mos. ds.
Dec. 28th 1919 (Address) Cedar Rapids Ia.

*State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death... yrs... mos... ds. In the State ... yrs... mos... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Spring Grove Cemetery Dec. 29th, 1919.

20 UNDERTAKER ADDRESS

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS
STATE OF IOWA

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PHYSICIANS should state CAUSE OF DEATH in plain language that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <u>Linn</u> Township <u>Cedar</u> City <u>Cedar Rapids</u> No. <u>215 No. 16th. St. East</u> Ward <u>13</u>		State <u>IOWA</u> Registered No. _____	
2 FULL NAME (a) Residence, No. <u>215 No. 16th. St. E.</u> (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		Ward _____ (If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>F. M.</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 HUSBAND of _____ (or) WIFE of <u>Jep Usher</u>			
6 DATE OF BIRTH (month, day, and year) <u>Sept. 1st. 1845</u>			
7 AGE Years <u>74</u>	Months <u>5</u>	Days <u>10</u>	If less than 1 day, hrs. of min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			
9 BIRTHPLACE (city or town) (State or country) <u>New York</u>			
10 NAME OF FATHER <u>Hiram Trowbridge</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>N. Y.</u>			
12 MAIDEN NAME OF MOTHER <u>Maria Avery</u>			
13 BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>N. Y.</u>			
14 Informant <u>Mrs. D. F. Spencer,</u> (Address) <u>Cedar Rapids Iowa.</u>			
15 Filed _____ 19____			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (month, day, and year) <u>Feb. 11</u> 19 <u>20</u>			
17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that death occurred, on the date stated above, at <u>9:45 P.</u> m. THE CAUSE OF DEATH* was as follows:			
CONTRIBUTORY (duration) yrs. mos. ds. (Secondary) (duration) yrs. mos. ds.			
18 Where was disease contracted (duration) yrs. mos. ds. if not at place of death?			
Did an operation precede death? Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) _____, M. D. 2/12, 1920 (Address) <u>Cedar Rapids Iowa.</u>			
*State the disease causing death, or in deaths from violent causes, state (1) means and nature of injury, and (2) whether accidental, suicidal, or homicidal. (See reverse side for additional space.)			
19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL <u>Spring Grove Cemetery</u> <u>Feb. 14, 1920</u>			
20 UNDERTAKER ADDRESS			

ALONZO - ELLSMORTH - USHER

BORN

AUGUST - 4 - 1878

DIED

MARCH - 28 - 1942

Return of a Marriage to Clerk District Court.

1. Full Name of GROOM Marion Dyer
2. Place of Residence Cornington Iowa
3. Occupation Farmer
4. Age next Birthday 22 years, Color white Race American
5. Number of Groom's Marriage first
6. Groom's Place of Birth Iowa County Iowa
7. Father's Name John Walker
8. Mother's Maiden Name Ann Smith
9. Full Name of BRIDE Marion Dyer

Maiden Name, if a Widow _____

10. Place of Residence Cornington Iowa
11. Age next Birthday 18 years, Color white Race American
12. Place of Birth Cornington Iowa
13. Father's Name W. Dyer
14. Mother's Maiden Name Bona Rich
15. Number of Bride's Marriage first
16. Married at Cornington in the County of _____
17. Witnesses to Marriage 9th day of August 1899
Marion Dyer John Walker
W. Dyer Bona Rich

N. B.—At Nos. 5 and 15 state whether 1st, 2d, 3d, 4th, etc., marriage of each. At 17 give names of subscribing witnesses to the Marriage Certificate. If no subscribing witnesses, give names of two persons who witnessed the ceremony.

We hereby certify that the information above given is correct, to the best of our knowledge and belief.

I hereby certify that the above is a correct return of a marriage solemnized by me.

Dated at Marion Iowa John Walker (Groom.)
Marion Dyer (Bride.)



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Funeral Services Tuesday For Frank Milsap

WYOMING—Funeral services for

Frank William Milsap, who died Saturday evening, Sept. 19, in Mercy Hospital, Anamosa, after an illness of several years duration, were held Tuesday afternoon, Sept. 22, in the Wallace funeral home. The Rev. F. E. Somerville, Monmouth, officiated. Walter Sullivan sang two hymns, "Beautiful Isle of Somewhere" and "In the Garden," accompanied by Mrs. Sullivan at the piano. Pallbearers were Robert McCalmant, Clem Anglin, Herman Rathje, Harold Luke and James Willman. The burial was in the Wyoming cemetery.

Frank William Milsap was born Oct. 30, 1913 to William and Minnie Mullett Milsap of Wyoming. He was graduated from Wyoming high school and from Cedar Rapids Business college. Until the time of his illness he worked in Wyoming with his brother, E. L. Milsap in the Hutchery and Produce business. He was a member of the Methodist church. On October 7, 1938 he was married to Miss Mildred Usher of Preston and two children were born to their union; a daughter, Susie, and a son, Mike.

He is survived by his wife and children; his mother, Mrs. Minnie Milsap; three sisters, Mrs. Leon Carroll of Clinton, Mrs. Arch Vargason and Mrs. Ira Sacora, both of Cedar Rapids; his brother, E. L. Milsap, of Wyoming.

Attending the services were relatives and friends from Cedar Rapids, Clifton, Marion, Sioux City, Newhall, Kingsley, Center Junction, Oxford Junction, and Kasson, Minn.

Frank William Millsap and Mildred Usher Millsap, Wyoming Cemetery, Wyoming, Jones County, Iowa



Date: 7/25/2021 10:00:43 PM

The penalty for neglect to make return to the Clerk of District Court, within 15 days by the person solemnizing marriage is \$50. Code, Section 311c.

IOWA STATE DEPARTMENT OF HEALTH

Return of Marriage to Clerk of District Court

JACKSON COUNTY

1. Full name of GROOM Frank M. Jackson
2. Place of Residence Wynning, Iowa
3. Occupation Farmer
4. Age next birthday 26 years. Color white
5. Place of birth Wynning, Iowa
6. Father's name William Jackson
7. Mother's maiden name Minnie Jackson
8. Number of Groom's marriage first
9. Full name of BRIDE Myrtle Jackson
10. Maiden name if a widow
11. Place of residence Wynning, Iowa
12. Age next birthday 21 years. Color white
13. Father's name George Jackson
14. Mother's maiden name Myrtle Jackson
15. Number of bride's marriage first
16. Witnesses to marriage Off. J. W. Jackson Mrs. O. W. Jackson

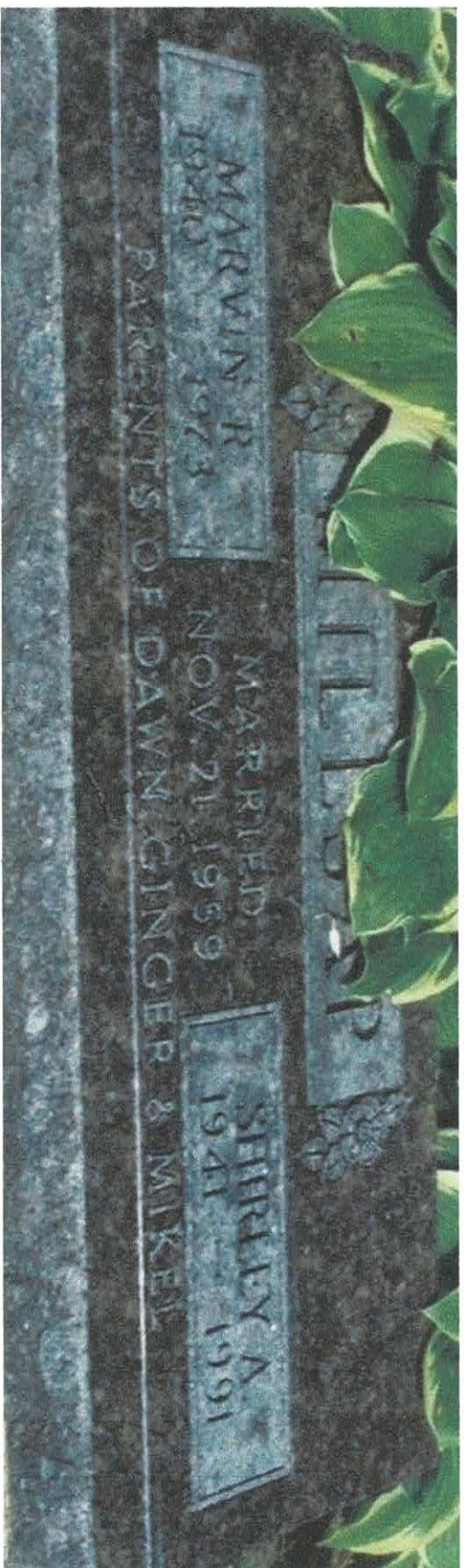
WE HEREBY CERTIFY, That the information above given is correct, to the best of our knowledge and belief.

Groom Frank M. Jackson
Bride Myrtle Jackson

I hereby certify that the above is a correct return of a marriage solemnized by me.

At Wynning, Iowa this 7th day of October 1939
Arthur E. Jackson
County Clerk

SERIAL NUMBER		1. NAME (Print)		ORDER NUMBER	
581		Frank William		2060	
2. ADDRESS (Print)					
(Number and street or R. F. D. number)		Wyoming Jones Iowa			
3. TELEPHONE		4. AGE IN YEARS		5. PLACE OF BIRTH	
		26		Wyoming	
		DATE OF BIRTH		(Town or county)	
Wyoming 56		Oct 30 1913		Iowa	
(Exchange) (Number)		(Mo.) (Day) (Yr.)		(State or country)	
7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS					
Mrs. Minnie Philbrick					
(Mt., Mrs., Miss) (First) (Middle) (Last)					
9. ADDRESS OF THAT PERSON					
(Number and street or R. F. D. number)					
Wyoming Jones Iowa					
(Town) (County) (State)					
10. EMPLOYER'S NAME					
M. O. A. Project					
11. PLACE OF EMPLOYMENT OR BUSINESS					
(Number and street or R. F. D. number)					
Hawthorn Scott Iowa					
(Town) (County) (State)					
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.					
REGISTRATION CARD					
D. S. S. Form 1					
(over)					
16-17105					
Frank W. Miller					
(Registrant's signature)					



MILLER
MARVIN R.
1940 - 1973

MARRIED
NOV. 21, 1959

SHIRLEY A.
1941 - 1991

PARENTS OF DAWN GINGER & MIKE

IOWA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTHDEPARTMENT
OF
COMMENCE
BUREAU OF THE CENSUSSTATE OFFICE NUMBER
52C-4-431

I. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER	
(a) County	Adams	(a) State	Iowa
(b) Township	Adams	(b) County	Adams
(c) City or town	Adams	(c) City or town	Adams
(d) Name of hospital or institution	Adams	(d) Street address	Adams
(e) Mother's stay before delivery		(f) Rural give location	
(g) In this community		(h) Date of birth	
(i) In hospital or institution		(j) Month, write out (Day)	
(k) Twin or triplet		(l) Sex	
(m) Number of mother		(n) Date of birth	
(o) Is mother married		(p) Year of birth	
(q) Full name of child		(r) Full name of child	
Male		Male	
1. Full name of child		2. Full name of child	
3. Sex		4. Sex	
5. Color		6. Color	
7. Age at time		8. Age at time	
9. Birthplace		10. Birthplace	
11. Usual occupation		12. Usual occupation	
13. Industry or business		14. Industry or business	
15. Social Security No.		16. Social Security No.	
17. Mother's name and address for mailing registration notice		18. Mother's name and address for mailing registration notice	
19. How many OTHER children of this mother now living		20. How many OTHER children of this mother now living	
21. How many OTHER children of this mother were born alive but are now dead		22. How many OTHER children of this mother were born dead	
23. I hereby certify to the birth of this child, who was born alive on the date stated above. The information given above was furnished by		24. I hereby certify to the birth of this child, who was born alive on the date stated above. The information given above was furnished by	
25. Date received by local registrar		26. Date received by local registrar	
27. Registrar's own signature		28. Registrar's own signature	
29. File No.		30. File No.	
31. Give name added		32. Give name added	
33. (a) Was blood test taken? (b) Date taken (c) If operative? (d) If operative?		34. (a) Was blood test taken? (b) Date taken (c) If operative? (d) If operative?	
35. (a) Spontaneous? (b) Operative? (c) If operative?		36. (a) Spontaneous? (b) Operative? (c) If operative?	
37. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		38. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
39. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		40. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
41. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		42. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
43. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		44. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
45. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		46. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
47. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		48. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
49. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		50. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
51. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		52. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
53. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		54. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
55. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		56. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
57. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		58. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
59. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		60. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
61. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		62. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
63. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		64. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
65. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		66. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
67. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		68. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
69. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		70. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
71. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		72. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
73. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		74. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
75. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		76. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
77. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		78. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
79. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		80. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
81. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		82. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
83. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		84. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
85. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		86. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
87. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		88. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
89. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		90. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
91. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		92. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
93. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		94. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
95. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		96. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
97. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		98. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	
99. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?		100. Was child resuscitated? (a) Resuscitated? (b) Resuscitated?	

15 40

CHARACTER
OF DELIVERY
NATAL

DEFORMITIES

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED

THEY WILL NOT APPEAR UPON CERTIFIED COPIES

Frederick Tappan

**Cantine's Regiment
New York Militia.
(Revolutionary War.)**

—

CARD NUMBERS.

1	20
2	21