

This return to be made to the Clerk of the District Court within fifteen days by person solemnizing marriage.
 Sec. 10430, Code 1924.

IOWA STATE DEPARTMENT OF HEALTH

Return of Marriage to Clerk of District Court 110

1. Full name of GROOM *Samuel Kurland*
2. Place of Residence *1005 W. 6th St.*
3. Occupation *Gracer*
4. Age next birthday *20* years. Color *white* Nationality *Jewish*
5. Place of Birth *Cshwintsin, Poland*
6. Father's name *Max Kurland*
7. Mother's maiden name *Rose Kurland*
8. Number of Groom's marriage *First*
9. Full name of BRIDE *Ann Frances Shiloff*
 Maiden name, if a widow _____
10. Place of Residence *1005 W. 6th St.*
11. Age next birthday _____ years. Color *white* Nationality *Jewish*
12. Place of Birth *Boston, Mass.*
13. Father's name *Barney H. Shiloff*
14. Mother's maiden name *Mary Rasin*
15. Number of Bride's marriage *First*
16. Witnesses to marriage *Level Sheprow*
Samuel Shiloff

N. B.—At Nos. 8 and 15 state whether first, second, third, etc. marriage of each. At No. 16 give names of subscribing witnesses to the marriage certificate. If no subscribing witnesses, give names of two persons who witnessed ceremony.

Sept 4 193

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

Sam Kurland } Groom

Ann Shiloff } Bride

I HEREBY CERTIFY that the above is a correct return of a marriage solemnized by me on

this *4th* day of *September* 193 *2*

at *Leoux City*, Iowa.
(Town or City)

Theodore Hewes
Rabbi M'Khai Temple