

97-15724

This return to be made to the Clerk of the District Court within fifteen days by person solemnizing marriage.
Sec. 10439, Code 1924.

IOWA STATE DEPARTMENT OF HEALTH

Return of Marriage to Clerk of District Court

502

- 1. Full name of GROOM *Philip Stone*
- 2. Place of Residence *New York N.Y.*
- 3. Occupation *salesman*
- 4. Age next birthday *35* years. Color *white*. Nationality *Jewish*
- 5. Place of Birth *Lithuania*
- 6. Father's name *Baruch Stone*
- 7. Mother's maiden name *Faige (last name unknown)*
- 8. Number of Groom's marriage *first*
- 9. Full name of BRIDE *Freda Shiloff*
Maiden name, if a widow
- 10. Place of Residence *Sioux City Ia*
- 11. Age next birthday *27* years. Color *white*. Nationality *Jewish*
- 12. Place of Birth *Boston Mass*
- 13. Father's name *Barney Shiloff*
- 14. Mother's maiden name *Mrs. Rosen*
- 15. Number of Bride's marriage *first*
- 16. Witnesses to marriage *Wm Rosin*
Ann Kurland

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.

May 30 193*3*

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

Philip Stone Groom
Freda Shiloff Bride

I HEREBY CERTIFY that the above is a correct return of a marriage solemnized by me on this *30th* day of *May* 193*3* at *Sioux City*, Iowa.
(Town or City)

Hyman R. Rabinowitz
Rabbi