

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

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- 1. Full name of GROOM *Herman Harry Shiloff*
- 2. Place of Residence *Siox City Iowa*
- 3. Occupation *Business*
- 4. Age next birthday *24* yrs. Color *White* Nationality *Jewish*
- 5. Place of Birth *Siox City Iowa*
- 6. Father's name *Meyer Shiloff*
- 7. Mother's maiden name *Bertrude Slick*
- 8. Number of Groom's marriage *1st*
- 9. Full name of BRIDE *Mollie Sarah Zhurwell*
- Maiden name, if a widow *Mollie Sarah Zhurwell*
- 10. Place of residence *Europe Council Bluffs Iowa*
- 11. Age next birthday *27* years. Color *White* Nationality *Jewish*
- 12. Place of birth *Europe Russia*
- 13. Father's name *David Zhurwell*
- 14. Mother's maiden name *Elke Chaya Komarschick*
- 15. Number of Bride's marriage *1st*
- 16. Witnesses to marriage *Whitlock*

N. B.—At Nos. 8 and 15 state whether 1st, 2d, 3d, etc., marriage of each. At 16 give names of subscribing witnesses to the marriage certificate. If no subscribing witness, give names of two persons who witnessed the ceremony.

*Aug. 14* 19*32*

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

*Herman H. Shiloff* Groom  
*Mollie S. Zhurwell* Bride

I hereby certify that the above is a correct return of a marriage solemnized by me, on this *14<sup>th</sup>* day of *August* 19*32* at *Council Bluffs, Iowa* by *A. Deary* Rev. of Cong. Ch. B. Y.