

The Commonwealth of Massachusetts

UNITED STATES OF AMERICA

Certificate of Death

Decedent: Lot Fuller Sex: male

Date of Death: July 12, 1811 Place of Death: Sandisfield, MA

Race: _____ Age: 78

Place of Birth: _____ Date of Birth: _____

Single, Married,
Widowed or Divorced: married Spouse: Rachel
(If wife, give full maiden name)

Usual Occupation: _____

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

Residence at time of Death: _____

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

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

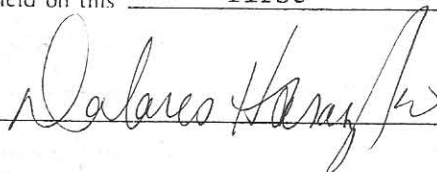
Type and Place of Disposition: Sandisfield Center Cemetery

Disease or Cause of Death: _____

Date of Record: 1811 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


Town Clerk