

Genealogy of David Crawford SLYE

April 17, 2002

1 William SLYE b: Ireland

... +Wife Unknown

..... 2 David Crawford SLYE b: March 30, 1848 in Northville, LaSalle County, IL
d: March 12, 1914 in Tampico, Whiteside County, IL
Buried: Tampico, Whiteside County, IL

..... +Mary HILL b: 1848 in Toronto, Ontario, CANADA
m: February 15, 1872 in Sycamore, DeKalb County, IL
d: ?
Buried: ~~TRAMPICO CEMETERY, TAMPICO, WHITESIDE COUNTY, IL~~

..... 3 Unknown Child

..... 3 Unknown Child

..... 3 Alice May SLYE b: May 17, 1878 in Lee Center, Lee County, IL
d: November 4, 1972 in Storm Lake, Buena Vista County, IA
Buried: Nemaha Cemetery, Nemaha, Sac County, IA

..... +William Francis RUSSELL b: August 31, 1876 in Monticello, Piatt County, IL
m: License applied for December 20, 1898 in Morrison, Whiteside County, IL
d: June 21, 1954 in Storm Lake, Buena Vista County, IA
Buried: Nemaha Cemetery, Nemaha, Sac County, IA

..... 4 Evelyn Mae RUSSELL b: September 28, 1899 in Tampico, Whiteside County, IL
d: ?
Buried: ?

..... +George D. HAMM b: ?
m: September 24, 1919 in Sac County, IA
d: ?
Buried: ?

..... 3 Bertha ? SLYE b: February 1881

d: 1924
Buried: ~~TRAMPICO CEMETERY, TAMPICO, WHITESIDE COUNTY, IL~~

..... +Unknown OLIVER

✓ BELLER

..... 3 Mary Elizabeth SLYE b: November 21, 1884 in Tampico, Whiteside County, IL

..... 3 Jennie Isabelle SLYE b: September 1, 1889 in Tampico, Whiteside County, IL

Compiled by:

Mike Russell
2912 Enoch Ave.
Zion, IL 60099
(847) 872-4905

合衆

STATE BOARD OF HEALTH
SPRINGFIELD
MAR 26 1914
HOW LONG IN STATE
ILLINOIS

Oniscus... COUNTY

6598

1. FULL NAME David Crawfordley MA
(a) Sex M. (b) Color W. (c) ~~Single~~ Married Feb 10 1972
(d) ~~Never~~ Widowed
(e) Married
(f) Widowed
(g) Divorced
(h) Never
(i) Never
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28 1919
How Long
STATE
LIVING IN U. S.
FOREIGN BORN

Life
Life
Life

(a) NAME OF FATHER William Elger
11. (b) BIRTHPLACE OF FATHER Ireland
(STATE OR COUNTRY)
(c) MAIDEN NAME OF MOTHER Rothman
12. (d) BIRTHPLACE OF MOTHER
(STATE OR COUNTRY)

The foregoing stated personal particulars are true to the best of my knowledge and belief:

13. { INFORMATION: *Betha Chinn*
ADDRESS: *Paradise Del*
24 Street
Paradise Del | LICENSE No. *195*

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH

I Hereby Certify That I Attended Deceased from July 7 1930 to March 12 1941. That I Last Saw him
 ALIVE ON THE 12 DAY OF March 1941 That Death Occurred, ON DATE STATED ABOVE, AT ABOUT 10 O'CLOCK
P. M., AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE CAUSE OF his DEATH WAS AS HEREUNDER WRITTEN.
 (IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) CAUSE OF DEATH: <i>Myocarditis</i>	FOR GENEALOGICAL PURPOSES ONLY	Duration in Years, Months, Days or Hour
(b) CONTRIBUTORY (SECONDARY):		2

Witness my hand this 24th day of March 1941

(Signature) Charles D. Harner M. D.

Address Chambers St.

Filed May 11, 1914

The People of the State of Illinois:

To all who shall see these Presents, Greeting:

Know Ye, That License and Permission has been granted to any Minister of the Gospel, authorized to marry by the Church or Society to which he belongs; any Justice of the Supreme Court; Justice of any Inferior Court, or any Justice of the Peace, to celebrate and Ratify the Marriage of Mr. David Sly with Miss Mary Hill now both of this County, according to the usual custom and laws of the State of Illinois.

Witness, Wallace M. Ward Clerk of the County Court, in and for the County of De Kalb, and the Seal of said Court hereunto affixed, at Sycamore, this Fifteenth day of January A. D. 1882
Wallace M. Ward Clerk.

STATE OF ILLINOIS, } ss.
De Kalb County.

I hereby certify that, on the fifteenth day of February A. D. 1882 I joined in the Holy State of Matrimony, Mr. David Sly and Miss Mary Hill according to the custom and laws of Illinois.
Given under my hand and seal, this fifteenth day of February A. D. 1882

W. M. Ward
Pastor Baptist Church

L.S.

MARRIAGE LICENSE.

No. 

Saml S. Fly

AND

Mary Hill

Issued, Jan 15th 1867

Married, Feb 15th 1867

Registered, Feb 19th 1867

On Page 168 of Marriage Register.

C. M. Conrad

Clerk.


1. PLACE OF BIRTH County of <u>Whiteside</u>	Registration Dist. No. <u>1009</u>
<u>Tampico</u> *Township *Precinct *Village *City	Primary Dist. No. <u>8005</u>

*(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address.)

CERTIFICATE OF BIRTH

87387

Street and
Number

2. FULL NAME AT BIRTH <u>Mary Elizabeth Slye</u>			
3. Sex <u>female</u>	4. Twin, Triplet, or other? (To be answered only in the event of plural births)	5. Number in order of birth.....	6. Legitimate? <u>yes</u>
7. Date of birth <u>Nov. 21, 1934</u> (Month) (Day) (Year)			
FATHER		MOTHER	
8. Full Name <u>David Crockett Slye</u>		14. Full Maiden Name <u>Mary Hill</u>	
9. Residence at time of this birth <u>Tampico, Ill.</u>		15. Residence at time of this birth <u>Tampico, Ill.</u>	
10. Color <u>white</u>		16. Color <u>white</u>	
11. Age at time of this birth <u>36 yrs.</u>		17. Age at time of this birth <u>36 yrs.</u>	
12. Birthplace (City or Place) <u>Northville</u> (Name State, if in U. S.) <u>Ill.</u> (Name Country, if Foreign).....		18. Birthplace (City or Place) <u>Toronto</u> (Name State, if in U. S.)..... (Name Country, if Foreign) <u>Canada</u>	
13. Occupation (Nature of Industry) <u>Farming</u>		19. Occupation (Nature of Industry) <u>housewife</u>	
20. (a) Number of children born to this mother at the time of and including this birth <u>6</u>		(b) Number of children living at the time of and including this birth <u>4</u>	
21. I HEREBY CERTIFY that I was the Attendant at this Birth.			

Signed.....

Physician
Midwife

Address.....

Date.....

(Month) (Day) (Year)

IF SIGNATURE OF BIRTH ATTENDANT IS OBTAINABLE, AN AFFIDAVIT IS NOT REQUIRED.

STATE OF Illinois } ss. This affidavit must be made by an older blood relative.
County of Whiteside

I HEREBY CERTIFY that I have actual knowledge of the facts as stated in this record of birth and know them to be true, that I am related to the individual as sister and that I am at least one year older.

Signature Bertha Ann BellerPresent Address Rock Falls, Ill.Subscribed to, and sworn before me this 18th day of Jan., 1946.June Haaseberg Notary Public

Notary Public or.....

22. Filed 2-7, 1946. H. J. Kolb Registrar
Post Office Address Tampico, Ill.

SEAL

FOR GENEALOGICAL
PURPOSES ONLY

RETURN OF A BIRTH.

ATE OF ILLINOIS,

*Full Name of Child (if any)**

W Girl

age or Color (if not of the white race), White

Date and Place of Birth,† Tampico September 1, 1881

Nationality, Place of Birth and Age of each Parent, Mary S. of Waukena age 19

Dave Sly Lasalle Co. Ill. age 71.

Full Name of Mother and Maiden Name: Mary ^{Slye} ~~Mary~~ Hill

Mother's Residence, Tampa, CO

Full Name of Father, David Shye

'ather's Occupation,.....*Farmer*

Name of Medical or other Attendant and Address, *A. M. Gray*

24

owned by A. M. Gray

22 at Tampico Sept. 1st 1889.

The given name of Child should be certified, if possible, when this Certificate is made, and should, in any case, be certified and registered when the child is born; township or precinct. Filed Sept 14. 1889 Act. Sec. 1004

E. W. Harris *Albion, N. Y.* *1881*

This is a photocopy of a Delayed Record of Birth which has been accepted by the Department of Public Health. The County Clerk and Local Registrar are authorized to make this a permanent addition to their files of Birth Records and issue certifications therefrom in accordance with the Laws of Illinois.

107893

A photocopy of this original will be on file with the clerk of the county of birth.

098 STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH		DELAYED RECORD OF BIRTH		ORIGINAL COPY County File No. _____ State File No. _____	
1. PLACE OF BIRTH: <u>Tampico, Whiteside County, Illinois</u>		COUNTY, ILLINOIS 202032			
2. FULL NAME AT BIRTH: <u>Evelyn Mae Russell</u>		3. DATE OF BIRTH: <u>September 28 1899</u>		Month Day Year	
4. COLOR OR RACE: <u>White</u>		5. SEX: <u>Female</u>		If your name has been changed (except by marriage) enter the name you are now known by in this space.	
6. FATHER'S FULL NAME: <u>William Francis Russell</u>		7. FATHER'S BIRTHPLACE: <u>Monticello</u>		City or County State or Country	
8. MOTHER'S MARRIAGE NAME: <u>Alice May Sly</u>		9. MOTHER'S BIRTHPLACE: <u>Amboy</u>		City or County State or Country	
AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					
Signed: <u>Evelyn Mae Russell</u> <u>Nemaha, Iowa</u>					
(REAL) Subscribed and sworn to before me this <u>11th</u> day of <u>March</u> 1960.					
at <u>Sac City, Iowa</u> (Place) <u>Harold Brown</u> (County Clerk)					
APPLICANT! DO NOT WRITE BELOW THIS LINE					
KIND OF DOCUMENT AND DATE MADE			INFORMATION GIVEN IN DOCUMENT AS TO BIRTH DATE, BIRTHPLACE, AND PARENTS		
ABSTRACT OF SUPPORTING EVIDENCE	DOCUMENT No. 1	Marriage Record, Sac County, Iowa. Dated 9/24/1919		Age at birth date: <u>20 years next birthday</u> Birthplace: <u>Tampico, Illinois</u>	
	DOCUMENT No. 2	Affidavit of Mother Alice M. Russell Nemaha, Iowa. Dated March 14, 1960		Father: <u>William F. Russell</u> Mother: <u>Alice Mae Sly</u> Age at birth date: <u>September 28, 1899</u> Birthplace: <u>Tampico, Whiteside County, Illinois</u>	
	DOCUMENT No. 3			Father: <u>William Francis Russell</u> Mother: <u>Alice May Sly</u>	
	DOCUMENT No. 4			Age at birth date: _____ Birthplace: _____ Father: _____ Mother: _____	
I certify that a diligent search of the official birth records was made and that no prior certificate was found for this registration.					
Date: <u>February 12, 1960</u>		Signed: <u>Wm. Collins</u>		Title: <u>County Clerk</u>	
FOR THE DIRECTOR OF PUBLIC HEALTH: <u>Leo A. Oyer</u> Deputy State Registrar					
Accepted and filed at Springfield by: <u>March 22, 1960</u>					
BUREAU OF STATISTICS — ILLINOIS DEPARTMENT OF PUBLIC HEALTH					

FOR GENEALOGICAL

DECEASED — NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	RACE — (SPECIFY)	AGE — LAST BIRTHDAY (YEARS)
1. Alice M. Russell					Female	3. November 4, 1972	4. White	5a. 94
DATE OF BIRTH		COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN BIRTH, GIVE V. & NUMBER)		
6. May 19, 1878		7a. Buena Vista		7b. Storm Lake		7c. Buena Vista County Hospital		
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		SOCIAL SECURITY NUMBER		RESIDENCE — STATE		COUNTY		
11. CITY, TOWN, OR LOCATION		STREET & NUMBER		FATHER — NAME		FIRST		MIDDLE
12. 478-18-7355		13a. Iowa		13b. David Slye		13c. Mary Hill		13d. SAC
14a. Nemaha		14b. Delaware & Grandview		14c. DUE TO		14d. DUE TO		14e. AUTHORITY
15a. Death was caused by		15b. Skull Fracture with shock		15c. BURIAL, CREMATION, REMOVAL		15d. CEMETERY OR CREMATORY — NAME		15e. LOCATION
16a. R. R. Hansen, M.D.		16b. Burial		16c. Nemaha Cemetery		16d. Nemaha, Iowa		16e. DATE RECEIVED BY LOCAL REGISTRAR
17a. Nov. 6, 1972		17b. Arlin E. Otteman		17c. Gene Lucia Clancy		17d. November 15, 1972		17e. NOT FOR LEGAL PURPOSES

1. Place of Death		2. Length of Stay (in this Place)	
BUENA VISTA COUNTY		50 yr	
3. City or Town		Storm Lake	
4. Full name of Hosp. or Inst.		B. V. Co. Hosp.	
5. Usual Residence		B. V. Co. Hosp.	
6. State		IOWA	
7. City or Town		Storm Lake	
8. Street Address		200 1/2 Bnsida	
9. Name of Deceased		William Francis Russell	
10. Date of Death		June 21, 1954	
11. Sex		male	
12. Color or Race		white	
13. Marital Status		married	
14. Date of Birth		Aug. 31, 1876	
15. Age last Birthday		77	
16a. Usual Occupation		farming (retired)	
16b. Kind of Business or Industry			

11. Birthplace		12. Citizen of what country?	
Monticello, Iowa		USA	
13. Father's Name		John Russell	
14. Mother's Maiden Name		Mary Pierce	
15. Was Deceased ever in U. S. Armed Forces?		No	
16. Social Security No.		484-07-7773	
17. Informant's Name		Geo. D. Barn	
18. Cause of Death		Myocardial infection	
19. Attendee's Name and Title		Howard D. Raliffson, M. D.	
20. Attendee's Address		Storm Lake, Iowa	
21. Date Signed		June 22, 1954	

22a. Burial, Cremation, Removal		22b. Date	
Burial		June 23, 1954	
23. Name of Cemetery or Crematory		Nemaha Cnty.	
24. Location—City or County—State		Nemaha, Iowa	
25. Funeral Director's Name		Irvin C. Kroll	
26. Address		Storm Lake, Iowa	
27. Date Rec'd by Local Reg.		July 6, 1954	
28. Registrar's Name		B. Bleakly	
29. Date Received by County Registrar		July 7, 1954	
30. Name of County Registrar		Gene Lucia	

SCHEDULE No. 1.—PO

State: Illinois
County: Whiteside

Council Whiteside

Township or other division of county

Lowmelo Garipico

Name of incorporated city, town, or village, within the above-named division

Tampico Village

Enumerated by me on the 1st day of June, 1900

LOCATION.				NAME.		RELATION.	PERSONAL DESCRIPTION.										NATIVITY.	
OF OFFICE.				of each person whose place of birth on Jan. 1, 1900, was in this family.		Relationship of each person to the head of the family.	DATE OF BIRTH.		AGE at last birthday.		HEIGHT, WEIGHT, COMPLEXION, & HAIR.		EDUCATION.		PLACE OF BIRTH of each person not born in this State, give the State or Territory, U. S. County.			
Street.	House Number.	Name of Person.	Relationship of each person to the head of the family.	Sex.	Month.		Year.	Age at last birthday.	Height in inches.	Weight in pounds.	Complexion.	Hair.	Schooling.	College.	Place of Birth of this Person.	Place of Birth of each person.		
																	1	2
73	75	Edging, John	Head	M	Apr	1866	34	74	6						Illinois	Canada		
		—	Wife	F	Apr	1869	31	74	6	0	0				Illinois	Canada		
74	76	Edging, Owen	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
75	77	Edging, Mary	Daughter	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
76	78	Edging, John	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
77	79	Edging, Mary	Daughter	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
78	80	Edging, John	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
79	81	Edging, Mary	Daughter	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
80	82	Edging, John	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
81	83	Edging, Mary	Daughter	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
82	84	Edging, John	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
83	85	Edging, Mary	Daughter	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
		—	Son	M	Apr	1898	2	74	48						Illinois	Illinois		
		—	Wife	F	Apr	1898	2	74	48						Illinois	Illinois		
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ULATION

Superior's District No. <u>14</u>	} Sheet No. <u>1</u>
Enumeration District No. <u>169</u>	

Enumeration District No. 160

Name of Institution: _____

Ward of city, 1

Answer:

684

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ALICE MAY SLYE

REGISTER

Order: Page, Mayor & Co., Baltimore, Chicago.

No.	Date of Return.	1. Name of Child. 2. Sex. 3. No. of Child of this Mother.	Race or Color.	1. Date of Birth. 2. Place of Birth.	1. Nationality of Father. 2. Place of Birth.
2	June 5 th 1878	1 2 Female 3 Third	White	1 May 17 th 1876 2 Lee Center	1 American 2 Illinois

OF BIRTHS.

No.	Nationality of Mother. Place of Birth.	Age.	1. Full Name of Mother. 2. Maiden Name of Mother. 3. Residence of Mother.	1. Full Name of Father. 2. Occupation.	1. Name and Address of Medical Attendant. 2. Name and Address of Person making Certificate. 3. Returned by.
4	1 Canadian 2 Canada	23	1 Mary Sly 2 Mary Hill 3 Lee Center	1 David Sly 2 Farmer	1 Geo. C. Loomis 2 Lee Center 3