

IOWA STATE DEPARTMENT OF HEALTH

G23- 305

RETURN OF MARRIAGE TO CLERK OF DISTRICT COURT

1. Full name of GROOM John Joseph Kolfe
2. Place of Residence Last Nation, Iowa
3. Occupation Farming
4. Age next birthday 26 years. Color White Nationality American
5. Place of Birth Last Nation, Iowa
6. Father's full name Marria B. Kolfe
7. Mother's full maiden name Sarah Ann McAndrews
8. Number of Groom's marriage 1
9. Full name of Bride Ida Ann Burke
Bride's full Maiden name, if a widow _____
10. Place of residence De Witt, Iowa
11. Age next birthday 39 years. Color White Nationality American
12. Place of birth Charlotte, Iowa
13. Father's full name William Martin Burke
14. Mother's full maiden name Elizabeth Ann Tomrakan
15. Number of Bride's marriage 1
16. Witnesses to marriage Mary L Burke
James E. Wolfe

N. B.—At Nos. 8 and 15 state whether 1st, 2nd, 3rd, 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.

De Witt, Iowa Nov. 26 1936

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

John J. Kolfe Groom
Ida E. Burke Bride

I hereby certify that the above is a correct return of a marriage solemnized by me, on

this 26 day of Nov 1936 James L Wolfe
At De Witt, Iowa Pastor St. Mary's Church
St. Joseph's Church Centerville Iowa