

NUMMER: 1507  
NAME: **Glasow**  
GEBURTSNAME: **Glasow**  
TITEL:  
VORNAME: G. Jakob Heinrich  
GEBOREN: .< .1840 in Verchen  
GEBURTSURKUNDE:  
GESTORBEN: .> .1852  
STERBEURKUNDE:  
GESCHLECHT: männlich  
KONFESSION:  
TAUFE: . .  
KONFIRMATION: . .  
BEERDIGUNG: . .  
TODESURSACHE:  
BERUF: Fischträger (?)  
ADRESSE:

VATER: 0 Vater unbekannt!!  
MUTTER: 0 Mutter unbekannt!!

GESCHWISTER:

EHESCHLIESSUNGEN:

KINDER:

1. F 1486 **Breu** geb. Glasow, Caroline Wilhelmine Johanna \* . .1853 + > .04.1883  
V: 1507 **Glasow**, G. Jakob Heinrich

TEXT:

NUMMER: DPF# = data-file-number  
 NAME: Surname  
 GEBURTSNAME: **NAME OF BIRTH / MAIDEN NAME**  
 TITEL: Kekulé/Generation  
 VORNAME: First Name(s)  
 GEBOREN: Date + Location of Birth  
 GEBURTSURKUNDE: Birth Certificate  
 GESTORBEN: Date + Location of Death  
 STERBEURKUNDE: Death Certificate  
 GESCHLECHT: Genus (M = männlich/male, F = weiblich/female)  
 KONFESSION: Confession  
 TAUFE: Baptism  
 KONFIRMATION: Confirmation  
 BEERDIGUNG: Burial  
 TODESURSACHE: Reason for Death  
 BERUF: Profession  
 ADRESSE: Address(es)

N.N. = unbekannt / unknown                      date: dd.mm.yyyy

VATER:     DPF# Name, First Name(s)  
 Father     \*    Date + Location of Birth  
              +    Date + Location of Death

MUTTER:    DPF# Name (Maiden Name), First Name(s)  
 Mother     \*    Date + Location of Birth  
              +    Date + Location of Death

GESCHWISTER / Siblings:

1. M/F    DPF# Name (Maiden Name), First Name(s) Vater: DPF# Name, First Name(s)	* born    +    died Mutter: DPF# Name (Maiden Name), First Name(s)
2. M/F    DPF# Name (Maiden Name), First Name(s) Vater: DPF# Name, First Name(s)	* born    +    died Mutter: DPF# Name (Maiden Name), First Name(s)

EHESCHLIESSUNGEN / Marriage(s):

1. M/F    DPF# Name (Maiden Name), First Name(s) oo Date + Location of Marriage	* born    +    died
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KINDER / Children:

1. M/F    DPF# Name (Maiden Name), First Name(s) Vater: DPF# Name, First Name(s)	* born    +    died Mutter: DPF# Name (Maiden Name), First Name(s)
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TEXT / Additional Informations: