

REGISTER

No.	Date of Report	1. Name		1. Age			DATE OF DEATH				Single, Married, Widower or Widow	1. Nationality		How long Resident in this State				
		2. Sex and Color		2. Occupation			Month	Day	Year	L. H. & P. E.		2. Where Born			YEARS			
	1900 Nov. 15	1	Wm. J. Guest	1	Year	Month	Days	63				Oct	31	1900	married	1		
		2	Sex, M Color, W	2				Contractor								2		
	Nov. 21	1	Sarah Barney	1	Year	Month	Days	48				Sept	13	1900	9:25 AM Married	1		
		2	Sex, F Color, W	2				Housewife								2	USA	
	Nov 21	1	Mary Eaton	1	Year	Month	Days	33				Sept.	23	1900	Single	1	Germany	
		2	Sex, F Color, W	2				Laundress								2		
	Nov 21	1	Emilia Hoshler	1	Year	Month	Days	18				Sept	27	1900	Single	1		
		2	Sex, F Color, W	2				None								2	USA	
	Nov 22	1	Miss Hattie Holz	1	Year	Month	Days	19-9-10				Nov	16	1900	Single	1	German desc.	all life
		2	Sex, F Color, White	2				Laundress								2	Amer.	
	Nov 22	1	Roland Jansen	1	Year	Month	Days	7				Nov.	13	1900	Single	1	German Dist	all life
		2	Sex, M Color, White	2				School boy								2	Amer	
	Dec 3	1	Bessie Munion	1	Year	Month	Days	3				11	17	1900	Single	1	Amer	life
		2	Sex, F Color, White	2												2	Ill	
	Dec. 29	1	John Donnelly	1	Year	Month	Days	59				Nov	20	1900	Don't know	1		
		2	Sex, M Color, W	2				Railroading								2		
	Dec 29	1	John Hump	1	Year	Month	Days	65				Nov.	26	1900	Single	1		
		2	Sex, M Color, W	2				Painter								2		
	Dec 29	1	Simon Hallerstein	1	Year	Month	Days	22				Nov	10	1900	Single	1		
		2	Sex, M Color, W	2				None								2		
	Dec. 29	1	John Strub	1	Year	Month	Days	old man				Nov	17	1900	Married	1		
		2	Sex, M Color, W	2				Farmer								2		
	1901 Jan 4	1	Sadie Green	1	Year	Month	Days	19				Dec	15	1900	Single	1	America	
		2	Sex, F Color, Colored	2												2		
	Jan 4	1	Baby Gluck	1	Year	Month	Days					11	Dec	20	1900	Single	1	
		2	Sex, M Color, W	2												2	Amer.	

OF DEATHS.

1. Nationality 2. Where Born	How long Resident in this State.	1. Place of Death. 1. Cause of Death	1. Complication. 2. Duration of Complication. 3. Duration of Disease.	1. Place of Burial. 2. Date of Burial.	1. Name of Undertaker. 2. Place of Business.	Name and Residence of Physician Returning Certificate.
	YANK	1 Ill. Eastern Hospital 2 Inanition	1 Chronic Gastritis 2 Several years 3 Several months	1 Chicago 2 3	1 Wm. Smith 2 Kankakee 3	1 Howard L. Corbin Hospital 2 3
USA		1 Hospital Ill 2 General Parosis	1 2 3 Two years	1 Joliet 2 3	1 Wm Smith 2 Kankakee 3	1 J.R. Porter Hospital Ill 2 3
Germany		1 Hospital Ill 2 Peritonitis	1 2 3 One week	1 Hospital 2 Sept 25/1900 3	1 2 3	1 J.R. Porter Hospital Ill 2 3
USA		1 Hospital Ill 2 Status Epilepticus	1 2 3 Two days	1 Chicago 2 Sept 29/1900 3	1 Miner 2 3	1 J.R. Porter Hospital Ill 2 3
German desc. Amer.	all life	1 Kankakee 2 Tuberculosis Pulmonary	1 2 3 Several months	1 Kankakee 2 Nov. 19/1900 3	1 Spicer 2 Kankakee 3	1 A.D. Lagnon Kankakee Ill 2 3
German Dist Amer	all life	1 Kankakee 2 Peritonitis	1 2 3 5 days 3 5 or 6 days	1 Kankakee 2 Nov 15/1900 3	1 Spicer 2 Kankakee Ill 3	1 A.D. Lagnon Kankakee Ill. 2 3
Amer Ill	life	1 Momence City 2 Membranous Scurf	1 2 3 3 days	1 2 3	1 Kealkins 2 Momence 3	1 A.S. Burtt 2 3
		1 Ill Eastern Hospital 2 Inanition	1 2 3 Several years	1 Hospital 2 grounds 3	1 2 3	1 Howard Corbin Hospital 2 3
		1 Ill. Eastern Hospital 2 Cerebral Hemorrhage	1 2 3 One week	1 Hospital 2 grounds 3	1 2 3	1 Howard Corbin Hospital 2 3
		1 Ill Eastern Hospital 2 Typhoid fever	1 2 3 10 days	1 Chicago 2 3	1 Wm Smith 2 Kankakee 3	1 Howard L. Corbin Hospital Ill 2 3
		1 Ill. Eastern Hospital 2 Exhaustion	1 2 3 In hospital 7 months	1 Hospital 2 grounds 3	1 2 3	1 Howard L. Corbin Hospital 2 3
America		1 Hospital Ill 2 Pulmonary tuberculosis	1 2 3 Several months	1 2 3	1 Davenport 2 Iowa 3	1 V. Podstala Hospital Ill 2 3
Amer		1 Hospital Ill 2 Acute Hemorrhage Nephritis	1 2 3	1 Hospital 2 Ill 3	1 2 3	1 V. Podstala Hospital Ill 2 3