

# REGISTER

No.	Date of Report	1. Name 2. Sex and Color.	1. Age.			DATE OF DEATH.				Single, Married, Widower or Widow.	1. Nationality 2. Where Born.	How long Resident in this State.
			2. Occupation.	Year	Month	Days	Month.	Day.	Year.			
	1895 Sept 4	1 Anton Horst 2 Sex, Male Color White	1	Year	Month	Days					1 Bohemian	1 1/2
			62				Aug	1	1895	Widow		1 1/2
	Sept 4	1 Joseph Jones 2 Sex, Male Color White	1	Year	Month	Days					1	1 1/2
			62				Aug	30	1895	Married		1 1/2
	Sept 4	1 Lill Guillaume 2 Sex, M. Color, W.	1	Year	Month	Days					1	1 1/2
			36				Aug	29	1895	Single		1 1/2
	Sept 4	1 Klaus Clauson 2 Sex, M. Color, W.	1	Year	Month	Days					1	1 1/2
			52				Aug	15	1895			1 1/2
	Sept 9	1 Elizabeth Hintz 2 Sex, Female Color, White	1	Year	Month	Days					1 Germany	1 1/2
			74				Aug	15	1895	Widow		1 1/2
	Sept 9	1 Rilla Turner 2 Sex, Female Color, Black	1	Year	Month	Days					1 U. S. A.	1 1/2
			37				Aug	15	1895	Widow		1 1/2
	Sept 9	1 Theresa Schock 2 Sex, Female Color, W.	1	Year	Month	Days					1 Germany	1 1/2
			75				Aug	23	1895	Widow		1 1/2
	Sept 9	1 Phoe Magill 2 Sex, Female Color, W.	1	Year	Month	Days					1 New York	1 1/2
			57				June	25	1895	Married		1 1/2
	Sept 9	1 Johanna M. Lynch 2 Sex, Female Color, White	1	Year	Month	Days					1 Ireland	1 1/2
			40				Aug	9	1895	Single		1 1/2
	Sept 9	1 Polly Seurance 2 Sex, Female Color, White	1	Year	Month	Days					1 American	1 1/2
			80				June	10	1895	Widow		1 1/2
	Sept 9	1 Ann S. Johnson 2 Sex, Female Color, White	1	Year	Month	Days					1 Ireland	1 1/2
			53				Aug	9	1895	Widow		1 1/2
	Sept 9	1 Leabel Scourgle 2 Sex, Female Color, White	1	Year	Month	Days					1 American	1 1/2
			40				Aug	29	1895	Married		1 1/2
	Sept 9	1 Rebecca Holmes 2 Sex, Female Color, White	1	Year	Month	Days					1 American	1 1/2
			88				June	6	1895	Widow		1 1/2

# 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.
			1.	2.	1.	2.	1.	2.	
Polhemian	12.	1 Hospital, Illinois 2 Exhaustion from convulsions of Pueris	1	1	1 Hospital 2 Cemetery 3 Aug. 24 '95	1	1 2	C. L. Buford Hospital	
		1 Hospital, Illinois 2 Cerebral Hemorrhage	1	1	1 Removed 2 by friends 3	1	1 2 3	Speicher & Co. Hospital Hankaker	
		1 Hospital, Ill. 2 Peritonitis	1	1	1 Hospital 2 Cemetery 3 Aug. 31, '95	1	1	C. L. Buford Hospital	
	1 Hospital, Ill. 2 General Paralysis	1	1	1	1	1 2 3	Speicher Hospital Hankaker		
Germany		1 Hospital, Ill. 2 Senility	1	1	1 Senile Dementia 2 12 yrs. 3	1	1 2	Removed to Chicago H. L. Stearns Hospital	
U. S. A.		1 Hospital, Ill. 2 Phthisis Entertis Encephalitis	1	1	1 Epileptic Insanity 2 Three years 3	1	1 2 3	Hospital Aug. 16, '95 H. L. Stearns Hospital	
Germany		1 Hospital, Ill. 2 Mitral disease of Heart with Lung trouble	1	1	1	1	1 2	Removed by friends H. L. Stearns Hospital	
		1 Hospital, Ill. 2 Entertis	1	1	1 Peritonitis 2 5 days 3 9 days	1	1 2 3	Removed by friends H. L. Stearns Hospital	
New York		1 Hospital, Ill. 2 Suicide by hanging	1	1	1	1	1	Removed by father H. L. Stearns Hospital	
American		1 Hospital, Hankaker, Ill. 2 Fatty Degeneration of the Heart	1	1	1 Arterial Sclerosis 2 3	1	1 2 3	acute Hill Co. Ill. E. F. Wells Hospital	
Ireland		1 Hospital, Ill. 2 Myocarditis	1	1	1 Anasarca 2 Seven months 3	1	1 2 3	Removed by son H. L. Stearns Hospital	
American	Life	1 Hospital, Ill. 2 Exhaustion acute Delirious Mania	1	1	1	1	1	H. L. Stearns Hospital	
American		1 Hospital, Ill. 2 Old Age with Arterial Sclerosis	1	1	1 Oedema of Lungs 2 34 days 3	1	1 2 3	Hospital Cemetery June 7 1895 E. F. Wells Hospital	