REGISTER

No.	Date of Report.	1. Name. 2. Sex and Color.	1. Age. 2. Occupation.	DATE OF DEATH. Month.	Day.	Year.	A. B. or P. M.	Single, Married, Widower or Widow.	1. Nationality 2. Where Born.	How long Resident in this State. YEARS.
	Nov 6.	1 Lina Guyu 2 Sex, Female Color, White	1 Year Month Days 47 2	Sept.	10	1895		Widow	1 German 2	1 2
	Nov 6	1 Maggie Held 2 Sex, Female Color, White Duplicate	1 Year Month Days 45 2	Oct	14	1895		Married	1 2 Ohio	1 2
	Nov 6	1 Edel Silverman 2 Sex, Female Color, White	1 Year Month Days 55 2 Inmate	Oct	19	1895		Widow	1 Russia 2	1 2
	Nov 6	1 Helen Franklin 2 Sex, Female Color, White	1 Year Month Days 45 2	Sept	21	1895		Widow	1 2 N. S. A.	1 2
	Nov 6	1 Mary Barney 2 Sex, Female Color, White	1 Year Month Days 56 2 Lunatic	Sept	25	1895		?	1 2 Ireland	1 2
	Nov 6	1 Julia Schuster 2 Sex, Female Color, White	1 Year Month Days 56 2 Lunatic	Sept	27	1895		?	1 2 Germany	1 2
	Nov 6.	1 Caleb Rinker 2 Sex, Male Color, White	1 Year Month Days 60 2					Single	1 2 [illegible]	1 2
	Nov 6	1 Mary Mooney 2 Sex, Female Color, White	1 Year Month Days 51 2 Inmate	Oct	5	1895		Widow	1 2 Ohio	1 2
	Nov 6	1 Augusta Price 2 Sex, Female Color, White	1 Year Month Days 49 2 Inmate	Oct	6	1895		Married	1 2 Germany	1 2
	Nov 6.	1 Bridget Flanagan 2 Sex, Female Color, White	1 Year Month Days 75 2 Hos Inmate	Oct	28	1895		Widow	1 2 Ireland	1 2 Ohio
	Nov 6	1 Louisa Griepenburg 2 Sex, Female Color, White	1 Year Month Days 71 2 Inmate	Oct	27	1895		Widow	1 German 2	1 2
	Nov 6	1 J. R. Allen 2 Sex, Male Color, White	1 Year Month Days 28 6 25 2 Attendant of the Insane	Oct	31	1895		Married	1 2 American	1 2
	Nov 6	1 Matheas Marsian 2 Sex, Male Color, White	1 Year Month Days 26 2 Cook	Nov	1	1895		Married	1 2 Ireland	1 11 2 Ireland

OF DEATHS.

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.
YEARS.					
1	1 Hospital Illinois	1	1 Hospital	1	Emily F. Wells
	2 Cerebral Congestion		Cemetery		
	Gen Paralysis of Insane	2	2 Sept 11, 1895	2	Hospital
		3			Illinois
1	1 Illinois East. Hospital	1 Delusional Insanity	1	1	Emily F. Wells.
	2 Tuberculous Pulmonis				
		2 One Year	2	2	Hospital
		3			Illinois
1	1 Illinois Eastern Hospital	1 Exhaustion of Chron	1 Chicago	1 Removed by	E. F. Wells.
	2 Enteritis	Melancholia		Friends	
		2 Two Years	2	2	Hospital
		3 Four Days			Illinois
1	1 Ills. East. Hospital	1 Melancholia	1 Hospital	1 Hospital	Wm. G. Stearns
	2 Pulmonary Tuberculosis		Cemetery		
		2	2 Sept 21 95	2	Hospital
		3			Illinois
1	1 Hospital Illinois	1	1 Hospital	1 Hospital	Wm. G. Stearns
	2 Pyaemia Past Nephritic Abscess				
		2 Twenty eight Years	2 Sept 26. '95	2	Hospital
		3			Illinois
1	1 Hospital Illinois	1 Nephritis	1 Hospital	1 Hospital	Wm. G. Stearns
	2 Exhaustion Senilis				
		2	2 Sept 25, '95	2	Hospital
		3			Illinois
1	1 Hospital Ills.	1	1 Removed by	1 Spicher & Co.	Coleman G. Buford
	2 Cerebral Hemorrage		Wm. H. Stearns Brother in law		
		2	2	2 Kankakee	Hos. Illinois
		3 Four Days		Illinois	Ill
1	1 Hospital Illinois	1 Melancholia	1 Removal	1	Wm. G. Stearns
	2 Phthisis Pulmonis	Chronic	by Friends		
		2 Eight Years	2	2	Hospital
		3 Seven Years			Illinois
1	1 Hospital Illinois	1 Climacteric Insanity		1	Wm. G. Stearns
	2 Phthisis Pulmonis				
		2 Two Years	2	2	Hospital
		3			Illinois
1	1 Hospital Illinois	1 Senile Debility	1 Odell Ills	1	E. F. Wells
	2 Shock Following Accident (Fracture of femur)				
		2	2 Oct 26 '95	2	Hospital
		3 Twenty Hours			Illinois
1	1 Hospital Illinois	1 Senile	1 Bloomington	1 Removed by	
	2 Debility of Age			Friends	
		2 Nine Years	2 Oct 29, '95	2	
		3			
1	1 Hospital Illinois	1 Hemorrage	1 Kankakee	1 Wm Leith	Coleman Buford
	2 Typhoid Fever				
		2 Three Days	2 Nov 1, 1895	2 Kankakee	Hospital
		3 Four Weeks			Illinois
1	1 Kankakee Illinois	1 Hemorrage	1 Loda Ills.	1 D. Lavery	U. Pelletier
11	2 Typhoid Fever with relapse				
		2 Four Days	2 Nov 3, 1895	2 Kankakee	Hos.
		3 Four Weeks			