

# RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased Mary Twigg

**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex Female Color white Age 74 Years Months \_\_\_\_\_ Days \_\_\_\_\_

Place of Birth Philadelphia Penn. (State or Country.) Lived in Illinois \_\_\_\_\_ Years.

Occupation housewife Single, Married, Widower or Widow.

Died on the 15th day of Apr. 1904, at about 4:07 A. M.

Place of Death Ill. East. Hosp. for Insane. (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial Paris Ill. (Cemetery.) Date of Burial \_\_\_\_\_

Name of Undertaker D. Lavery Address Kankakee

Immediate Cause of Death Exhaustion

DURATION.			
Years.	Months.	Days.	Hours.
		7	6

Contributory Cause or Complication Chronic Nephritis

I hereby certify, that the above stated personal particulars are true to the best of my knowledge and belief, and that the cause of death of the above named and described deceased was as above written by me.

Witness my hand, this 25th day } (Signature) O. A. Toll  
 of Apr 1904 } Address Hospital Ill.  
 Filed for Record this 13 day of June 1904 Louis Schneider Jr. County Clerk.

Full Name of Deceased Mollie Fulton

**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex Female Color white Age 20 Years Months \_\_\_\_\_ Days \_\_\_\_\_

Place of Birth Illinois (State or Country.) Lived in Illinois \_\_\_\_\_ Years.

Occupation nurse Single, Married, Widower or Widow.

Died on the 6th day of April 1904, at about 6:50 A. M.

Place of Death Ill. East. Hosp. for Insane. (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial Bullom Ill. (Cemetery.) Date of Burial Apr. 8th 1904.

Name of Undertaker Mrs. Spencer Address Kankakee

Immediate Cause of Death General Septicemia

DURATION.			
Years.	Months.	Days.	Hours.
		2 weeks	

Contributory Cause or Complication Empyema

I hereby certify, that the above stated personal particulars are true to the best of my knowledge and belief, and that the cause of death of the above named and described deceased was as above written by me.

Witness my hand, this 8th day } (Signature) O. A. Toll  
 of Apr. 1904 } Address Hospital, Ill.  
 Filed for Record this 13th day of June 1904 Louis Schneider Jr. County Clerk.

Full Name of Deceased Susan Marans

**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex Female Color white Age 34 Years Months \_\_\_\_\_ Days \_\_\_\_\_

Place of Birth Illinois (State or Country.) Lived in Illinois \_\_\_\_\_ Years.

Occupation Domestic work Single, Married, Widower or Widow.

Died on the 8th day of Apr. 1904, at about 2 P. M.

Place of Death Ill. East. Hosp. for Insane. (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial Kankakee Ill. (Cemetery.) Date of Burial Apr 10 - 04.

Name of Undertaker D. Lavery Address Kankakee

Immediate Cause of Death Acute Pulmonary Tub.

DURATION.			
Years.	Months.	Days.	Hours.
		3 weeks	

Contributory Cause or Complication Epilepsy

I hereby certify, that the above stated personal particulars are true to the best of my knowledge and belief, and that the cause of death of the above named and described deceased was as above written by me.

Witness my hand, this 4th day } (Signature) O. A. Toll  
 of April 1904 } Address Hospital, Ill.  
 Filed for Record this 13 day of June 1904 Louis Schneider Jr. County Clerk.