

Full Name of Deceased *Auréli L. Brault*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *white* Age *67* Years *4* Months *5* Days
 Place of Birth *Three Rivers, Canada* Lived in Illinois *50* Years.
 Occupation *House wife* Single, Married, Widower or Widow.
 Died on the *28* day of *February* 1904, at about *7* A. M.
 Place of Death *Bourbonnais, Ill.*
 Place of Burial *Maternity* Date of Burial *March 1st 1904.*
 Name of Undertaker *Joe A. Laurence* Address *Bourbonnais Ill.*

Immediate Cause of Death *Sarconia of the Fibrous*
 Contributory Cause or Complication *none*

DURATION.			
Years.	Months.	Days.	Hours.
	<i>5</i>		

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 *27* day of *March* 1904 (Signature) *Charles J. Moul.*
 of *Bourbonnais, Ill.* Address *Bourbonnais, Ill.*
 Filed for Record this *13* day of *June* 1904 *Louis Schneider* County Clerk.

Full Name of Deceased *Henry Blair*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *male* Color *Dark* Age *40* Years Months Days
 Place of Birth *Illinois* Lived in Illinois *40* Years.
 Occupation *Farmer* Single, Married, Widower or Widow.
 Died on the *9* day of *April* 1904, at about *5:25 P. M.*
 Place of Death *Illinois Eastern Hospital for Insane, Hospital Illinois*
 Place of Burial *Nankakee* Date of Burial
 Name of Undertaker *David Lavery* Address *Nankakee Ill.*

Immediate Cause of Death *Paritic Dementia*
 Contributory Cause or Complication

DURATION.			
Years.	Months.	Days.	Hours.
<i>3</i>	<i>4</i>		

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 *30* day of *April* 1904 (Signature) *Claude F. Shantz M. D.*
 of *Hospital Illinois* Address *Hospital Illinois*
 Filed for Record this *13th* day of *June* 1904 *Louis Schneider* County Clerk.

Full Name of Deceased *George C. Utley*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *male* Color *White* Age *40* Years Months Days
 Place of Birth *United States* Lived in Illinois *20* Years.
 Occupation *Real estate man.* Single, Married, Widower or Widow.
 Died on the *4* day of *April* 1904, at about *10 P. M.*
 Place of Death *Illinois Eastern Hospital for Insane, Hospital Illinois*
 Place of Burial *Harvey* Date of Burial
 Name of Undertaker *H. R. Kern* Address *Harvey Illinois*

Immediate Cause of Death *Paritic Dementia*
 Contributory Cause or Complication

DURATION.			
Years.	Months.	Days.	Hours.
<i>3</i>	<i>3</i>		

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 *4* day of *April* 1904 (Signature) *Claude F. Shantz M. D.*
 of *Hospital Illinois* Address *Hospital Illinois*
 Filed for Record this *13* day of *June* 1904 *Louis Schneider* County Clerk.