

Full Name of Deceased *Andrew Hurley*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *male* Color *white* Age *98* Years Months Days  
 Place of Birth *Ireland* (State or Country.) Lived in Illinois *80* Years.  
 Occupation *Farmer* Single, Married, Widower or Widow.  
 Died on the *21* day of *April* 190*4*, at about M.  
 Place of Death *Irwin Ills.*  
 Place of Burial *Chubase Ills.* (Cemetery.) Date of Burial *April 24*  
 Name of Undertaker *David Lavery* Address *Kenkakee*

Immediate Cause of Death *Hypertatic Congestion of Lungs*  
 Contributory Cause or Complication *Bright's disease of Kidney*

DURATION.			
Years.	Months.	Days.	Hours.
		<i>5</i>	
<i>1</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 *24th* day of *April* 190*4* (Signature) *S. R. Walker M.D.*  
 Address *Chubase Ills.*  
 Filed for Record this *13* day of *June* 190*4* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Ida Ulrick*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *Female* Color *white* Age *12* Years Months Days  
 Place of Birth *Atto Township N. K. Kles.* (State or Country.) Lived in Illinois *12* Years.  
 Occupation *Single, Married, Widower or Widow.*  
 Died on the *25* day of *April* 190*4*, at about *5 A.* M.  
 Place of Death *Chubase* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Chubase Ills.* (Cemetery.) Date of Burial *April 25th 04.*  
 Name of Undertaker *Jules Garetot* Address *Chubase*

Immediate Cause of Death *Dilatation of right Heart and failure*  
 Contributory Cause or Complication

DURATION.			
Years.	Months.	Days.	Hours.
		<i>8</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 *25* day of *April* 190*4* (Signature) *S. R. Walker M.D.*  
 Address *Chubase*  
 Filed for Record this *13* day of *June* 190*4* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Annie May Woodman*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *Female* Color *white* Age *7* Years *10* Months *21* Days  
 Place of Birth *Chicago* (State or Country.) Lived in Illinois *7* Years.  
 Occupation *Single, Married, Widower or Widow.*  
 Died on the *11th* day of *January* 190*4*, at about *1:15 A.* M.  
 Place of Death *Yellowhead* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Union learners* (Cemetery.) Date of Burial *Jan. 12-04.*  
 Name of Undertaker *Albert Bothjuber* Address *Grant Park, Ill.*

Immediate Cause of Death *Diphtheria*  
 Contributory Cause or Complication *Obstruction of trachea and bronchial*

DURATION.			
Years.	Months.	Days.	Hours.
		<i>16</i>	
		<i>57</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 *14th* day of *January* 190*4* (Signature) *Dr. Herbert Wheeler*  
 Address *Grant Park*  
 Filed for Record this *13* day of *June* 190*4* *Louis Schneider Jr.* County Clerk.