

Full Name of Deceased *Edward Vale*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *white* Age *59* Years *1* Months *1* Days
 Place of Birth *Farmer* (State or Country) Lived in Illinois *56* Years.
 Occupation *Farmer* Single, Married, Widower or Widow.
 Died on the *8* day of *March* 190*4* at about *6* A. M.
 Place of Death *Aembrook Township* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Mt. Zion* (Cemetery.) Date of Burial *March 9, 1904*
 Name of Undertaker *Calkins* Address *Mornence Ill.*
 Immediate Cause of Death *Heart failure & filling of lungs*
 Contributory Cause or Complication *Abscess*
 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 *8* day of *March* 190*4* (Signature) *R. L. Benjamin M. D.*
 of *Mt. Zion* Address *St. Anne, Ill.* (Physician, Midwife or Coroner.)
 Filed for Record this *13* day of *June* 190*4* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Thomas Ashton*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *white* Age *76* Years *6* Months Days
 Place of Birth *Delaware Co. Penn.* (State or Country) Lived in Illinois *50* Years.
 Occupation *Farmer* Single, Married, Widower or Widow.
 Died on the *17th* day of *March* 190*4*, at about *5:30* P. M.
 Place of Death *Nankakee 171 Harrison Ave.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Nankakee* (Cemetery.) Date of Burial
 Name of Undertaker *L. Larry* Address *Nankakee*
 Immediate Cause of Death *Leucorrhoea of Stomach and Liver*
 Contributory Cause or Complication *same*
 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 *22* day of *March* 190*4* (Signature) *J. A. Brown*
 of *Nankakee* Address *175 Court St. Nankakee* (Physician, Midwife or Coroner.)
 Filed for Record this *13th* day of *June* 190*4* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Leslie Grudich*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *white* Age Years *5* Months *10* Days
 Place of Birth *Nankakee* (State or Country) Lived in Illinois *1/2* Years.
 Occupation Single, Married, Widower or Widow.
 Died on the *31* day of *March* 190*4*, at about *40* M.
 Place of Death *Nankakee Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Nankakee* (Cemetery.) Date of Burial
 Name of Undertaker Address
 Immediate Cause of Death *Pneumonia*
 Contributory Cause or Complication *same*
 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 *31* day of *March* 190*4* (Signature) *J. A. Brown*
 of *Nankakee* Address *175 Court St. Nankakee* (Physician, Midwife or Coroner.)
 Filed for Record this *13* day of *June* 190*4* *Louis Schneider Jr.* County Clerk.