

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Gottlieb Eisle*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *male* Color *white* Age *69* Years Months Days  
 Place of Birth *Germany* (State or Country.) Lived in Illinois *40* Years.  
 Occupation *Farmer* Single, Married, Widower or Widow.  
 Died on the *4th* day of *March* 1904, at about *10 30* P. M.  
 Place of Death *72 S. Sixth Nankakee* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Mount Zion* (Cemetery.) Date of Burial *March 7th*  
 Name of Undertaker *David Lavery* Address *Nankakee*  
 Immediate Cause of Death *Paralysis of Heart*  
 Contributory Cause or Complication  
 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 *5th* day (Signature) *Thompson J. Clack* (Physician, Midwife or Coroner.)  
 of *March* 1904 Address *Nankakee*  
 Filed for Record this *13th* day of *June* 1904 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Arthur Marion*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *male* Color *white* Age *24* Years Months Days  
 Place of Birth *Esser Illinois* (State or Country.) Lived in Illinois *24* Years.  
 Occupation *Fireman on Railroad* Single, Married, Widower or Widow.  
 Died on the *21st* day of *January* 1904, at about *5 45* P. M.  
 Place of Death *Maconess Illinois* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Esser Illinois* (Cemetery.) Date of Burial *January 24 1904*  
 Name of Undertaker *David Lavery* Address *Nankakee Ills.*  
 Immediate Cause of Death *Accident on Railroad*  
 Contributory Cause or Complication  
 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 *26* day (Signature) *T. J. Clack, Coroner* (Physician, Midwife or Coroner.)  
 of *January* 1904 Address *Nankakee Ills.*  
 Filed for Record this *13* day of *June* 1904 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Moses Bitoume*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *male* Color *white* Age *56* Years *3* Months *16* Days  
 Place of Birth *St. Luc Canada* (State or Country.) Lived in Illinois *54* Years.  
 Occupation *Retired* Single, Married, Widower or Widow.  
 Died on the *24th* day of *March* 1904, at about *2 30* P. M.  
 Place of Death *76 Court St Nankakee Ills.* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Mount Zion Cemetery* (Cemetery.) Date of Burial *March 28-04*  
 Name of Undertaker *David Lavery* Address *Nankakee*  
 Immediate Cause of Death *Bright Disease*  
 Contributory Cause or Complication  
 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) *J. N. Fraser M.D.* (Physician, Midwife or Coroner.)  
 of *March* 1904 Address *326 Schuyler Ave Nankakee*  
 Filed for Record this *13th* day of *June* 1904 *Louis Schneider Jr.* County Clerk.