

Full Name of Deceased *Richard D. Webster*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *white* Age *37* Years *3* Months *24* Days
 Place of Birth *Haldron* (State or Country) Lived in Illinois *37* Years
 Occupation *Bridge Builder* Single, Married, Widower or Widow.
 Died on the *26* day of *May* 1904, at about *6-3* P. M.
 Place of Death *Haldron* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Haldron* (Cemetery.) Date of Burial *May 28th 1904*
 Name of Undertaker *J. A. Spiecker* Address *Kankakee*
 Immediate Cause of Death *Cerebral Lites*
 Contributory Cause or Complication *Alcoholic to excess*
 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 *26th* day (Signature) *S. A. Horstall M.D.*
 of *March* 1904 (Physician, Midwife or Coroner.) Address *Haldron Ill.*
 Filed for Record this *13* day of *June* 1904 *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
4			

Full Name of Deceased *Austin B. Baker*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *white* Age *76* Years *5* Months *19* Days
 Place of Birth *Dearborn Mo. Ind* (State or Country) Lived in Illinois *50* Years
 Occupation *Farmer* Single, Married, Widower or Widow.
 Died on the *29th* day of *March* 1904, at about *1:30* P. M.
 Place of Death *326 Schuyler Ave Kankakee Ill.* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Mound Grove* (Cemetery.) Date of Burial *March 31st 1904*
 Name of Undertaker *H. M. Frith* Address *237 Court Street*
 Immediate Cause of Death *apoplexy*
 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 *31st* day (Signature) *L. F. Smith*
 of *March* 1904 (Physician, Midwife or Coroner.) Address *Bank Building Kankakee Ill.*
 Filed for Record this *13* day of *June* 1904 *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
	5		

Full Name of Deceased *Annie A. Anson*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *female* Color *white* Age *73* Years *9* Months *4* Days
 Place of Birth *Kankakee Kankakee Ill.* (State or Country) Lived in Illinois *35* Years
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *15th* day of *December* 1903, at about *2 A.* M.
 Place of Death *Kankakee Ill. 444 Chicago St. 6th ward.* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Mound Grove* (Cemetery.) Date of Burial *Dec 17th*
 Name of Undertaker *M. Smith* Address *237 Court St.*
 Immediate Cause of Death *General Debility*
 Contributory Cause or Complication *Chronic Rheumatism*
 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 *16th* day (Signature) *L. F. Smith M.D.*
 of *December* 1904 (Physician, Midwife or Coroner.) Address *Bank Building Kankakee Ill.*
 Filed for Record this *10* day of *June* 1904 *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
14			
	20		