

DEATH.

Full Name of Deceased *Anna Dalzell*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *female* Color *white* Age *24* Years Months Days
 Place of Birth *Indiana* (State or Country.) Lived in Illinois Years.
 Occupation *housekeeper* Single, Married, Widower or Widow.
 Died on the *26th* day of *Mar* 1904, at about *9:30 P* M.
 Place of Death *Ill. East Hosp for Insane* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Bloomington Ill.* (Cemetery.) Date of Burial *Mar 30 04*
 Name of Undertaker *D. Lavery* Address *Nankakee*
 Immediate Cause of Death *Acute Tubercular Pneumonia*
 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 *30th* day (Signature) *O. S. Nell* (Physician, Midwife or Coroner.)
 of *Mar* 1904 Address *Hospital Ill.*
 Filed for Record this *13* day of *June* 1904 *Louis Schneider Jr.* County Clerk.

DEATH.

Full Name of Deceased *Mary Teed*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *female* Color *white* Age *62* Years Months Days
 Place of Birth *Indiana* (State or Country.) Lived in Illinois Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *13th* day of *Mar.* 1904, at about *6 P.* M.
 Place of Death *Ill. East Hosp* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Nankakee* (Cemetery.) Date of Burial *Mar*
 Name of Undertaker *D. Lavery* Address *Nankakee*
 Immediate Cause of Death *Erysipelas*
 Contributory Cause or Complication *Epilepsy*
 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 (Signature) *O. S. Nell* (Physician, Midwife or Coroner.)
 of *Mar* 1904 Address
 Filed for Record this *13* day of *June* 1904 *Louis Schneider Jr.* County Clerk.

DEATH.

Full Name of Deceased *Sarah D. Kay*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *female* Color *white* Age *54* Years Months Days
 Place of Birth *Vermont* (State or Country.) Lived in Illinois Years.
 Occupation *housekeeper* Single, Married, Widower or Widow.
 Died on the *20th* day of *Mar* 1904, at about *10 P.* M.
 Place of Death *Ill. East Hosp for Insane* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Gibson City* (Cemetery.) Date of Burial *Mar 21 1904*
 Name of Undertaker *D. Lavery* Address *Nankakee Ill.*
 Immediate Cause of Death *Pneumonia*
 Contributory Cause or Complication *Erysipelas*
 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 *21st* day (Signature) *O. S. Nell* (Physician, Midwife or Coroner.)
 of *Mar* 1904 Address *Hospital Ill.*
 Filed for Record this *13* day of *June* 1904 *Louis Schneider Jr.* County Clerk.