

# RECORD OF CERTIFICATES OF DEATH.

121

Full Name of Deceased *Suas S Thatcher*

### PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *male* Color *white* Age *81* Years Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth *Illinois* (State or Country) Lived in Illinois *81* Years  
 Occupation *not any* Single, Married, Widower or Widow  
 Died on the *10* day of *Mich* 1904, at about *5:30 A.* M.  
 Place of Death *Kankakee Illinois* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Monteno* (Cemetery) Date of Burial *11th March 1904*  
 Name of Undertaker *Dave Lavery* Address *Kankakee*

Immediate Cause of Death *leucemia of the liver*  
 Contributory Cause or Complication *old age*

DURATION.			
Years.	Months.	Days.	Hours.
	<i>1</i>	<i>6</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 *10* day } (Signature) *F. C. Hamilton*  
 of *Mich* 1904 } Address *Kankakee Ill.*  
 Filed for Record this *13* day of *June* 1904 *Louis Schneider Jr* County Clerk.

Full Name of Deceased *Martin Kraschontz*

### PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *male* Color *white* Age *59* Years Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth *Germany* (State or Country) Lived in Illinois *25* Years  
 Occupation *laborer* Single, Married, Widower or Widow  
 Died on the *24* day of *March* 1904, at about *7-30 A.* M.  
 Place of Death *Bradley Ill.* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Kankakee* (Cemetery) Date of Burial *March 27-04*  
 Name of Undertaker *Dave Lavery* Address *Kankakee Ill*

Immediate Cause of Death *Pneumonia*  
 Contributory Cause or Complication \_\_\_\_\_

DURATION.			
Years.	Months.	Days.	Hours.
		<i>14</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 *24* day } (Signature) *F. C. Hamilton*  
 of *March* 1904 } Address *Kankakee Ill.*  
 Filed for Record this *13* day of *June* 1904 *Louis Schneider Jr* County Clerk.

Full Name of Deceased *Ada Blanchu Joyce*

### PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *white* Age *20* Years *8* Months *28* Days \_\_\_\_\_  
 Place of Birth *Cessy* (State or Country) Lived in Illinois \_\_\_\_\_ Years  
 Occupation *School Teacher* Single, Married, Widower or Widow  
 Died on the *23* day of *April* 1904, at about *11 A.* M.  
 Place of Death *Cessy* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Cessy* (Cemetery) Date of Burial *25 April*  
 Name of Undertaker *Joseph Kane Son.* Address \_\_\_\_\_

Immediate Cause of Death *Pneumonia*  
 Contributory Cause or Complication *chronic bronchitis*

DURATION.			
Years.	Months.	Days.	Hours.
		<i>1 1/2</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 *20* day } (Signature) *J. M. Wilson*  
 of *May* 1904 } Address *Cessy, Ill.*  
 Filed for Record this *13* day of *June* 1904 *Louis Schneider Jr* County Clerk.