

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Ruby May Vickery*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Female* Color *White* Age *26* Years *2* Months *24* Days  
 Place of Birth *Ill.* (State or Country) Lived in Illinois *26* Years.  
 Occupation *Housewife* Single, Married, Widower or Widow.  
 Died on the *2* day of *June* 1904, at about *2 A.* M.  
 Place of Death *Norma Township* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial (Cemetery) Date of Burial *June 3rd*  
 Name of Undertaker *Joe Spicer* Address *Kankakee*  
 Immediate Cause of Death *Sepsicaemia*  
 Contributory Cause or Complication *Caused by Dead Tuberc.*  
 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 *2nd* day (Signature) *S. A. Marshall*  
 of *June* 1904 } Address *Waldron Ill.*  
 Filed for Record this *28th* day of *June* 1904 *Louis Schmeidler Jr.* County Clerk.

Full Name of Deceased *William Beault*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *White* Age *67* Years Months Days  
 Place of Birth *Canada* (State or Country) Lived in Illinois *8* Years.  
 Occupation *Breaklayer* Single, Married, Widower or Widow.  
 Died on the *21* day of *April* 1904, at about *3 P.* M.  
 Place of Death *St Anne, Ill.* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Catholic Cemetery* (Cemetery) Date of Burial *23rd.*  
 Name of Undertaker *Arthur Sutton* Address *St Anne*  
 Immediate Cause of Death *Bronch pneumonia*  
 Contributory Cause or Complication *Chronic bronchitis & Emphysema*  
 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 *19* day (Signature) *H. J. Harrison M.D.*  
 of *May* 1904 } Address *St Anne Ill*  
 Filed for Record this *28* day of *June* 1904 *Louis Schmeidler Jr.* County Clerk.

Full Name of Deceased *Louise Hadley*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Female* Color *White* Age *69* Years *7* Months *6* Days  
 Place of Birth *Atica Indiana* (State or Country) Lived in Illinois *60* Years.  
 Occupation *Housewife* Single, Married, Widower or Widow.  
 Died on the *3rd* day of *May* 1904, at about *10 A.* M.  
 Place of Death *Kankakee 6th ward Lincoln Ave No 59* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Waldron Cemetery* (Cemetery) Date of Burial *May 5th 1904.*  
 Name of Undertaker *D Lavery* Address *Kankakee*  
 Immediate Cause of Death *Dementia Paralytica*  
 Contributory Cause or Complication *Failing health four months*  
 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) *Le Harley True*  
 of *May* 1904 } Address *Kankakee*  
 Filed for Record this *28th* day of *June* 1904 *Louis Schmeidler Jr.* County Clerk.

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 Occupation  
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 Place of Burial  
 Name of Undertaker  
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 Contributory Cause or Complication  
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