

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *William L. Mussmann*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *73* Years Months _____ Days _____

Place of Birth *Hanover Germany* (State or Country.) Lived in Illinois *57* Years.

Occupation *Farmer* Single, Married, Widower or Widow.

Died on the *21st* day of *April* 1904, at about *2 a.* M.

Place of Death *Yellowhead Lutheran Cemetery* (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial *Yellowhead* (Cemetery.) Date of Burial *April 24, 1904.*

Name of Undertaker *William Mussmann* Address *Critt Ill.*

Immediate Cause of Death *Tuberculosis of Larynx*

Contributory Cause or Complication *Tuberculosis of Lungs*

DURATION.			
Years.	Months.	Days.	Hours.
	<i>5</i>		
<i>3?</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 *29* day of *May* 1904 (Signature) *Herbert Whaley* (Physician, Midwife or Coroner.) Address *Grant Park, Illinois*

Filed for Record this *28* day of *June* 1904 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Weeks*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age _____ Years Months *14* Days _____

Place of Birth *Nankakee* (State or Country.) Lived in Illinois *14 days* Years.

Occupation _____ Single, Married, Widower or Widow.

Died on the *4* day of *May* 1904, at about _____ M.

Place of Death *Nankakee 344 Greenwood* (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial *Nankakee* (Cemetery.) Date of Burial _____

Name of Undertaker _____ Address _____

Immediate Cause of Death *Mal nutrition both of several months duration*

Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.

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 *6* day of *April* 1904 (Signature) *J. A. Brown* (Physician, Midwife or Coroner.) Address *Nankakee*

Filed for Record this *28* day of *June* 1904 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Mrs Henry Stewart*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *Colored* Age *22* Years *4* Months *1* Days _____

Place of Birth *Kansas* (State or Country.) Lived in Illinois *21* Years.

Occupation *Housewife* Single, Married, Widower or Widow.

Died on the *27* day of *May* 1904, at about *2 P* M.

Place of Death *Nankakee* (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial *Nankakee* (Cemetery.) Date of Burial _____

Name of Undertaker *D. Larney* Address *Nankakee*

Immediate Cause of Death *Septicemia child birth*

Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.
		<i>5</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 *28* day of *May* 1904 (Signature) *J. A. Brown* (Physician, Midwife or Coroner.) Address *Nankakee Ill.*

Filed for Record this *28* day of *June* 1904 *Louis Schneider Jr.* County Clerk.