

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Mary Benie*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *white* Age *31* Years Months *23* Days
 Place of Birth *Kankakee Ill* (State or Country) Lived in Illinois *Life* Years.
 Occupation *House Keeper* Single, Married, Widower or Widow.
 Died on the *10* day of *April* 190*4* at about *12 30 P. M.*
 Place of Death *Summer Sp.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *St. George* (Cemetery) Date of Burial *April 12 1904.*
 Name of Undertaker *Margaret* Address *Martens Ill*
 Immediate Cause of Death *Pneumonia Pulmonaria*
 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 *9* day of *May* 190*4* (Signature) *A. S. Burt M.D.* (Physician, Midwife or Coroner.)
 of *May* 190*4* Address *Muncie, Ill*
 Filed for Record this *28* day of *June* 190*4* *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
1	3		

Full Name of Deceased *William Jackson*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *Black* Age *28* Years Months Days
 Place of Birth *not known* (State or Country) Lived in Illinois *not known* Years.
 Occupation *not known* Single, Married, Widower or Widow.
 Died on the *13* day of *April* 190*4* at about *7 P* M.
 Place of Death *Big 4 yards Kankakee Ill* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Method Grove* (Cemetery) Date of Burial *April 15th*
 Name of Undertaker *D. Lavery* Address *186 Michant Street*
 Immediate Cause of Death *ran over by locomotive*
 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 *14th* day of *April* 190*4* (Signature) *J. J. Delark Coroner* (Physician, Midwife or Coroner.)
 of *April* 190*4* Address
 Filed for Record this *28* day of *June* 190*4* *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.

Full Name of Deceased *Rocco Weard*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *white* Age *18* Years Months Days
 Place of Birth *Morocco Ind* (State or Country) Lived in Illinois *four* Years.
 Occupation *Labourer* Single, Married, Widower or Widow.
 Died on the *28th* day of *April* 190*4* at about *7 o'clock a* M.
 Place of Death *Kankakee Ills.* (Township, Village or City. If in City, number of street and Ward.)
 Place of Burial Date of Burial
 Name of Undertaker *David Lavery* (Cemetery) Address
 Immediate Cause of Death *fell from telephone pole.*
 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 *28* day of *April* 190*4* (Signature) *J. J. Delark Coroner* (Physician, Midwife or Coroner.)
 of *April* 190*4* Address *Kankakee Ills.*
 Filed for Record this *28* day of *June* 190*4* *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.