

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Clarina C. Johnson*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *83* Years Months Days
 Place of Birth *New York* (State or Country) Lived in Illinois *71* Years.
 Occupation _____ Single, Married, Widower or Widow.
 Died on the *Feb 19* day of *Feb* 190*4*, at about _____ M.
 Place of Death *Nankakee 1st ward* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Nankakee* (Cemetery) Date of Burial *Feb 21st*
 Name of Undertaker *William Frith* Address *Nankakee Ill.*
 Immediate Cause of Death *Old age* } DURATION. }
 Years. Months. Days. Hours.
 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 *21* day (Signature) *H. O. Scobey* (Physician, Midwife or Coroner.)
 of *June* 190*4* Address *Nankakee Illinois*
 Filed for Record this *29th* day of *July* 190*4* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *John P. Wagner*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color _____ Age *87* Years Months Days
 Place of Birth *Albany New York* (State or Country) Lived in Illinois *37* Years.
 Occupation *Physician + Surgeon* Single, Married, Widower or Widow.
 Died on the *18* day of *June* 190*4*, at about *7* P. M.
 Place of Death *106 Schuyler Ave Nankakee* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Nankakee* (Cemetery) Date of Burial *20 of June 1904*
 Name of Undertaker *David Larney* Address *Nankakee*
 Immediate Cause of Death *Cordiac Dropsy* } DURATION. }
 Years. Months. Days. Hours.
 Contributory Cause or Complication *Chronic Nephritis* }
 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 *30* day (Signature) *L. P. Jacobsen* (Physician, Midwife or Coroner.)
 of *June* 190*4* Address *330 Rosewood Ave Nankakee*
 Filed for Record this *29th* day of *July* 190*4* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Louis Philip Katz*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *white* Age *44* Years *2* Months *12* Days
 Place of Birth *Chicago Cook Co* (State or Country) Lived in Illinois *30* Years.
 Occupation *Pharmacist* Single, Married, Widower or Widow.
 Died on the *4th* day of *June* 190*4*, at about *4 A.* M.
 Place of Death *Nankakee Ill. 41 Chicago Ave* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Graceland Cemetery, Chicago Ill.* Date of Burial *June 7th 1904*
 Name of Undertaker *Speicher, Bro.* Address *Nankakee, Ill.*
 Immediate Cause of Death *Toxic Nephria* } DURATION. }
 Years. Months. Days. Hours.
 Contributory Cause or Complication *amyloid Liver*
Chronic Nephritis }
 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 *10th* day (Signature) *L. P. Jacobsen M. D.* (Physician, Midwife or Coroner.)
 of *June* 190*4* Address *330 Rosewood Nankakee Ill.*
 Filed for Record this *29th* day of *July* 190*4* *Louis Schneider Jr.* County Clerk.