

RECORD OF CERTIFICATES OF DEATH.

165

Full Name of Deceased Mrs Laura Elaise Waltz
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex f Color W Age 30 Years 1 Months _____ Days _____
 Place of Birth Beaverville Ill (State or Country.) Lived in Illinois 3 Years _____
 Occupation Housewife Single, Married, Widower or Widow _____
 Died on the 1st day of August 1904, at about 4 30 P M.
 Place of Death 167, 5th Ave Mantoloking Ill (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Mound Grove (Cemetery.) Date of Burial August 3 1904
 Name of Undertaker David Lavery Address Mantoloking

Immediate Cause of Death Exhaustion
 Contributory Cause or Complication lacer of uterus

DURATION.			
Years.	Months.	Days.	Hours.
1	2		

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 18 day } (Signature) Benjamin A. Uran
 of Aug 1904 } Address Mantoloking Ill
 Filed for Record this 30 day of Sept 1904 Louis Schneider County Clerk.

Full Name of Deceased Mrs Helen L. Huling
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Female Color W Age 69 Years 1 Months 8 Days _____
 Place of Birth New York (State or Country.) Lived in Illinois 50 Years _____
 Occupation None Single, Married, Widower or Widow _____
 Died on the 2d day of June 1904, at about 7 9 M.
 Place of Death Mantoloking Ill (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Mound Grove (Cemetery.) Date of Burial June 6th 1904
 Name of Undertaker Meyers & Davis Address Mantoloking City

Immediate Cause of Death Pneumonia
 Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.
		6	

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) O. B. Spencer
 of August 1904 } Address Mantoloking Ill
 Filed for Record this 30 day of Sept 1904 Louis Schneider County Clerk.

Full Name of Deceased John S. Menus
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex M Color W Age 37 Years _____ Months _____ Days _____
 Place of Birth Illinois (State or Country.) Lived in Illinois 7 Years _____
 Occupation Shipping Clerk Single, Married, Widower or Widow _____
 Died on the 11th day of August 1904, at about 6 03 P M.
 Place of Death Ill Eastern Hospital for Insane Hospital Ill (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Chicago Ill (Cemetery.) Date of Burial Aug 13 1904
 Name of Undertaker David Lavery Address Mantoloking

Immediate Cause of Death Paretic Dementia
 Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.
1	7	12	

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 11 day } (Signature) Claude S. Straub
 of August 1904 } Address Hospital Ill
 Filed for Record this 30 day of Sept 1904 Louis Schneider County Clerk.