

Full Name of Deceased *Mary Ann Duncan*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *F* Color *W* Age *55* Years Months _____ Days _____
 Place of Birth *United States* (State or Country.) Lived in Illinois *55* Years.
 Occupation *Housewife* Single, Married, Widower or Wklow. _____
 Died on the *22* day of *August* 190*4*, at about *2 02 P* M.
 Place of Death *Illinois Eastern Hospital for Insane Hospital Ill*
 (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Remains shipped to Frankfurt Station Ill* Date of Burial _____
 (Cemetery.)
 Name of Undertaker *David Lavery* Address *Frankfurt Ill*
 Immediate Cause of Death *Inanition* } DURATION: }
 (Years. Months. Days. Hours.)
 Contributory Cause or Complication *Paranoia* } 24 }
 } 5 }
 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 *22* day } (Signature) *Claude F. Shrout*
 of *Aug* 190*4* } (Physician, Midwife or Coroner.)
 Address *Hospital Ill*
 Filed for Record this *30* day of *Sept* 190*4* *Louis Schneider* County Clerk.

Full Name of Deceased *Benjamin Garner*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *M* Color *W* Age *66* Years Months _____ Days _____
 Place of Birth *Germany* (State or Country.) Lived in Illinois *25* Years.
 Occupation *Carpenter* Single, Married, Widower or Widow. _____
 Died on the *23* day of *June* 190*4*, at about *4 9* M.
 Place of Death *69 Westens St. Frankfurt Ill*
 (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Mound Spring Ill* Date of Burial *June 25 1904*
 (Cemetery.)
 Name of Undertaker *David Lavery* Address *Ill*
 Immediate Cause of Death *Angena Pectoris* } 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 _____ day } (Signature) *J. H. Roy*
 of 190 _____ } (Physician, Midwife or Coroner.)
 Address *Frankfurt Ill*
 Filed for Record this *30* day of *Sept* 190*4* *Louis Schneider* County Clerk.

Full Name of Deceased *Annie Weitzel*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *F* Color *W* Age *1* Years Months _____ Days _____
 Place of Birth *Lake View Ohio* (State or Country.) Lived in Illinois *6* Years.
 Occupation *Student* Single, Married, Widower or Widow. _____
 Died on the *21* day of *August* 190*4*, at about *2 P* M.
 Place of Death *16 Union St. Frankfurt Ill 5th Ward*
 (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Mound Grove* Date of Burial *23d Aug*
 (Cemetery.)
 Name of Undertaker *David Lavery* Address _____
 Immediate Cause of Death *Peritonitis* } 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 _____ day } (Signature) *J. H. Roy*
 of 190 _____ } (Physician, Midwife or Coroner.)
 Address *Frankfurt Ill*
 Filed for Record this *30* day of *Sept* 190*4* *Louis Schneider* County Clerk.