

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased Ruth M. Curtiss
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex F Color W Age 66 Years 9 Months 16 Days
Place of Birth Petersburg Tenn. (State or Country) Lived in Illinois 37 Years.
Occupation Housewife Single, Married, Widower or Widow.
Died on the 24 day of Sept 1904, at about 6 P M.
Place of Death 329 Rosewood Ave Hankaker Ill (Township, Village or City, If in City, number of Street and Ward.)
Place of Burial Mound Grove Cem. (Cemetery) Date of Burial Sept 26
Name of Undertaker David Lavery Address Hankaker

Immediate Cause of Death Strangulated Hernia
Contributory Cause or Complication General Breakdown
DURATION:
Years. Months. Days. Hours.
-3

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 (Signature) A. S. Eschbaugh
of Sept 1904 Address Hankaker
(Physician, Midwife or Coroner.)
Filed for Record this 12 day of Nov 1904 Louis Schneider County Clerk.

Full Name of Deceased Alie Lupton
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex F Color W Age 3 Months 3 Days
Place of Birth Hankaker Ill (State or Country) Lived in Illinois 3 Years.
Occupation Single, Married, Widower or Widow.
Died on the 31 day of August 1904, at about 6 A M.
Place of Death Hankaker Ill (Township, Village or City, If in City, number of Street and Ward.)
Place of Burial Mound Grove (Cemetery) Date of Burial Sept. 1 - 04
Name of Undertaker David Lavery Address H K Kue Ill

Immediate Cause of Death Cholera Infantum
Contributory Cause or Complication
DURATION:
Years. Months. Days. Hours.
10

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 2 day (Signature) F. C. Hamilton
of Sept 1904 Address H K Kue Ill
(Physician, Midwife or Coroner.)
Filed for Record this 12 day of Nov 1904 Louis Schneider County Clerk.

Full Name of Deceased Hebert
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex M Color W Age 6 Months 6 Days
Place of Birth Illinois (State or Country) Lived in Illinois — Years.
Occupation — Single, Married, Widower or Widow.
Died on the 6 day of Sept 1904, at about 6 A M.
Place of Death Hankaker Ill (Township, Village or City, If in City, number of Street and Ward.)
Place of Burial Mound Grove (Cemetery) Date of Burial Sept. 6 - 04
Name of Undertaker David Lavery (if any) Address H K Kue Ill

Immediate Cause of Death Perforating Ulcer
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 6 day (Signature) F. C. Hamilton
of Sept 1904 Address H K Kue Ill
(Physician, Midwife or Coroner.)
Filed for Record this 12 day of Nov 1904 Louis Schneider County Clerk.