

DEATH.

Full Name of Deceased William J Webster  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex M Color W Age 24 Years Months 16 Days  
 Place of Birth England (State or Country.) Lived in Illinois 16 Years.  
 Occupation Laborer Single, Married, Widower or Widow.  
 Died on the 1st day of Sept 1904, at about 6 A M.  
 Place of Death Bradley Ill (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Mounds Grove (Cemetery.) Date of Burial  
 Name of Undertaker J. Lawrence Address Bourbonnais Ill  
 Immediate Cause of Death Pulmonary Tuberculosis  
 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 2 day of Sept 1904 (Signature) F. C. Hamilton  
 of KKK Ill Address (Physician, Minister or Coroner.)  
 Filed for Record this 12 day of Nov 1904 Louis Schneider Jr County Clerk.

DEATH.

Full Name of Deceased Maggie Claudes  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex F Color W Age 30 Years Months — Days  
 Place of Birth Ireland (State or Country.) Lived in Illinois — Years.  
 Occupation Housewife Single, Married, Widower or Widow.  
 Died on the 13 day of Sept 1904, at about 1:25 A M.  
 Place of Death Ill E. Hos. for Insane Hospital Ill (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Hospital Grounds (Cemetery.) Date of Burial Sept 15-04  
 Name of Undertaker Hospital Authorities Address Hospital Ill  
 Immediate Cause of Death Pulmonary Tuberculosis  
 Contributory Cause or Complication Alcoholic Insanity  
 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 15 day of Sept 1904 (Signature) H. J. Hardt  
 of Hospital Ill Address (Physician, Minister or Coroner.)  
 Filed for Record this 12 day of Nov 1904 Louis Schneider Jr County Clerk.

DEATH.

Full Name of Deceased Lena Hedland  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex F Color W Age 54 Years Months — Days  
 Place of Birth Sweden (State or Country.) Lived in Illinois — Years.  
 Occupation Housewife Single, Married, Widower or Widow.  
 Died on the 28 day of Sept 1904, at about 6:5 P M.  
 Place of Death Ill E. Hos. for Insane Hospital Ill (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Saunderin Ill (Cemetery.) Date of Burial Sept 29-04  
 Name of Undertaker Nix Bennett Address Secor Ill  
 Immediate Cause of Death General Paralysis of the Insane  
 Contributory Cause or Complication In Hospital  
 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 29 day of Sept 1904 (Signature) H. J. Hardt  
 of Hospital Ill Address (Physician, Minister or Coroner.)  
 Filed for Record this 12 day of Nov 1904 Louis Schneider Jr County Clerk.