

# RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased Laura Hill  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex Female Color White Age 80 Years 7 Months 25 Days  
 Place of Birth Vermont (State or Country.) Lived in Illinois 50 Years.  
 Occupation Housekeeper Single, Married, Widower or Widow.  
 Died on the 12 day of Sept 1904, at about 12-450 P. M.  
 Place of Death Arona (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Ardron (Cemetery.) Date of Burial Sept 13 - 1904  
 Name of Undertaker Joe Dick Address Nankakee  
 Immediate Cause of Death Heart Failure  
 Contributory Cause or Complication Old age & Valvular Curvature of the heart  
 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 12th day of Sept 1904 (Signature) S. A. Hestall M.D. (Physician, Midwife or Coroner.)  
 of Sept 1904 Address Ardron Ill.  
 Filed for Record this 12th day of November 1904 Louis Schneider Jr. County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
3			

Full Name of Deceased Helena Elizabeth Tank  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex Female Color White Age 4 Years 12 Months 12 Days  
 Place of Birth Rockville Ill. (State or Country.) Lived in Illinois life time Years.  
 Occupation Single, Married, Widower or Widow.  
 Died on the 2d day of Sept 1904, at about 4 P. M.  
 Place of Death Rockville Ill. (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Smith's Cemetery (Cemetery.) Date of Burial Sept 3rd 1904.  
 Name of Undertaker Foss Chock Address Manteno Ill.  
 Immediate Cause of Death Convolutions  
 Contributory Cause or Complication Indigestion  
 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 19 day of September 1904 (Signature) F. A. Williams (Physician, Midwife or Coroner.)  
 of September 1904 Address Ritchie Ill.  
 Filed for Record this 12th day of November 1904 Louis Schneider Jr. County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
		1	
		21	

Full Name of Deceased Edward M. Underwood  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex Male Color White Age 54 Years — Months — Days  
 Place of Birth Illinois (State or Country.) Lived in Illinois 21 Years.  
 Occupation Lumber clerical work Single, Married, Widower or Widow.  
 Died on the 30 day of September 1904, at about 4.9 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 Bellville Ill. (Cemetery.) Date of Burial Oct 2nd 1904.  
 Name of Undertaker David Lurvey Address Hospital, Ill.  
 Immediate Cause of Death Exhaustion from Convulsions  
 Contributory Cause or Complication General Paralysis of the Insane  
 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 of September 1904 (Signature) Arthur O. Williams (Physician, Midwife or Coroner.)  
 of September 1904 Address Hospital Ill.  
 Filed for Record this 12th day of November 1904 Louis Schneider Jr. County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
8	2		