

# RECORD OF CERTIFICATES OF DEATH.

187

Full Name of Deceased James Dunlap  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex male Color white Age 34 Years — Months — Days  
 Place of Birth Cook County (State or Country) Lived in Illinois — Years  
 Occupation Brick layer Single, Married, Widower or Widow.  
 Died on the 9 day of September 1904, at about 5:45 P. M.  
 Place of Death Ill. Eastern Hospital for Insane (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Chicago, Ill. (Cemetery.) Date of Burial Sept. 11 - 04.  
 Name of Undertaker James Carroll & Son. Address Chicago

Immediate Cause of Death Pulmonary Tuberculosis  
 Contributory Cause or Complication Melancholia

DURATION.			
Years.	Months.	Days.	Hours.
		21	

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 10 day of September 1904 } (Signature) Arthur O. Williams  
 of Hospital, Ill. } (Physician, Midwife or Coroner.)  
 Address Hospital, Ill.  
 Filed for Record this 12th day of November 1904 Louis Schneider Jr. County Clerk.

Full Name of Deceased David Hadden  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex male Color white Age 33 Years — Months — Days  
 Place of Birth Ireland (State or Country) Lived in Illinois 24 Years  
 Occupation Motorman on street car. Single, Married, Widower or Widow.  
 Died on the 15 day of September 1904, at about 10:45 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 Cakewood Cemetery, Chicago (Cemetery.) Date of Burial Sept 18, 1904.  
 Name of Undertaker Sloan & Cornish Address 2821-2823 South Ave Chicago

Immediate Cause of Death Leptitis  
 Contributory Cause or Complication Supra hemorrhage from bladder & dementia

DURATION.			
Years.	Months.	Days.	Hours.
		14	

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 19th day of September 1904 } (Signature) A. O. Williams  
 of Hospital, Illinois } (Physician, Midwife or Coroner.)  
 Address Hospital, Illinois  
 Filed for Record this 12th day of November 1904 Louis Schneider Jr. County Clerk.

Full Name of Deceased William P. Leray  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex male Color white Age 42 Years — Months — Days  
 Place of Birth Pennsylvania (State or Country) Lived in Illinois 8 Years  
 Occupation Lawyer and L + B Examiner Single, Married, Widower or Widow.  
 Died on the 27 day of September 1904, at about 1:30 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 Lebanon, Ill. (Cemetery.) Date of Burial Sep. 28  
 Name of Undertaker David Slattery Address Kankakee, Ill.

Immediate Cause of Death  
 Contributory Cause or Complication

DURATION.			
Years.	Months.	Days.	Hours.
		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 27 day of September 1904 } (Signature) Arthur O. Williams  
 of Hospital, Ill. } (Physician, Midwife or Coroner.)  
 Address Hospital, Ill.  
 Filed for Record this 12th day of November 1904 Louis Schneider Jr. County Clerk.