

Full Name of Deceased *Mrs Henrietta Meyer*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *female* Color *white* Age *59* Years *1* Months *13* Days
 Place of Birth *Hanover Germany* (State or Country.) Lived in Illinois *49* Years.
 Occupation *House wife* Single, Married, Widower or Widow.
 Died on the *1st* day of *Sept.* 1904, at about *5:30 P.* M.
 Place of Death *Grant Park Illinois* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Union Corners Cemetery* (Cemetery.) Date of Burial *Sept 11th 1904*
 Name of Undertaker *A. Bothfuhr* Address *Grant Park, Ill.*
 Immediate Cause of Death *Solar Pneumonia*
 Contributory Cause or Complication *Nursing a sister in law until Sept 4 when she could stand no longer*
 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 *14th* day } (Signature) *G. H. Van Horne M. D.*
 of *Sept* 1904 } Address *Grant Park Ill.*
 Filed for Record this *12th* day of *November* 1904 *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
		<i>7</i>	

Full Name of Deceased *Mrs Elizabeth Harris*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *female* Color *white* Age *82* Years *6* Months *16* Days
 Place of Birth *Buckingham England* (State or Country.) Lived in Illinois *39* Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *30* day of *Sept* 1904, at about *6* A. M.
 Place of Death *Yellowhead Township Kankakee Co. Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Union Corners Cem.* (Cemetery.) Date of Burial *Oct 2/04*
 Name of Undertaker *A. C. Bothfuhr* Address *Grant Park, Ill.*
 Immediate Cause of Death *Old age*
 Contributory Cause or Complication *None*
 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 *7* day } (Signature) *G. H. Van Horne*
 of *Oct* 1904 } Address *Grant Park, Ill.*
 Filed for Record this *12th* day of *November* 1904 *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
		<i>1</i>	<i>more or less</i>

Full Name of Deceased *Nameless Infant child of Geo. & Maura Watson*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *White* Age *2* Years *7* Months *7* Days
 Place of Birth *City Hotel Kankakee Ill.* (State or Country.) Lived in Illinois *Life time* Years.
 Occupation *Infant* Single, Married, Widower or Widow.
 Died on the *10th* day of *Sept* 1904, at about *1 P.* M.
 Place of Death *City Hotel Kankakee Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Haddon Ill.* (Cemetery.) Date of Burial *Sept 11th 04.*
 Name of Undertaker *David Lavery* Address *Kankakee*
 Immediate Cause of Death *Uraemia*
 Contributory Cause or Complication *Sepsitis*
 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 *11th* day } (Signature) *B. J. Uram*
 of *Sept* 1904 } Address *Kankakee Ill.*
 Filed for Record this *12th* day of *November* 1904 *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
		<i>2</i>	
		<i>7</i>	