

RECORD OF CERTIFICATES OF DEATH.

19

Full Name of Deceased *Geo. A. Turner*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M.* Color *W.* Age *62* Years — Months — Days
 Place of Birth *America* (State or Country) Lived in Illinois *52* Years.
 Occupation *Engineer* Single, Married, Widower or Widow.
 Died on the *13th* day of *May* 1903, at about *3:45* A. M.
 Place of Death *Illinois Eastern Hospital for the Insane Hospital Ill*
 (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Mokona Ill* (Cemetery) Date of Burial *May 14, 1903*
 Name of Undertaker *David Lavery* Address *11 East Katter Ill*

Immediate Cause of Death *Pneumonia*
 Contributory Cause or Complication *Epileptic Dementia*

DURATION.			
Years	Months	Days	Hours
		51	
8			

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 *13* day } (Signature) *H. S. Harrett*
 of *May* 1903 } Address *Hospital Ill*
 (Physician, Midwife or Coroner.)
 Filed for Record this *26* day of *Oct* 1903 *Louis Schneider* County Clerk.

Full Name of Deceased *Mayer Berg*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M.* Color *W.* Age *73* Years — Months — Days
 Place of Birth *Germany* (State or Country) Lived in Illinois *about 24* Years.
 Occupation *Pocket Book Maker* Single, Married, Widower or Widow.
 Died on the *31st* day of *May* 1903, at about *3:30* A. M.
 Place of Death *Illinois Eastern Hospital for the Insane Hospital Ill*
 (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Roschill Chicago Ill* (Cemetery) Date of Burial *June 2, 1903*
 Name of Undertaker *David Lavery* Address *Hospital Ill*

Immediate Cause of Death *Pneumonia*
 Contributory Cause or Complication *Terminal Dementia*

DURATION.			
Years	Months	Days	Hours
		8	
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 *1st* day } (Signature) *H. S. Harrett*
 of *June* 1903 } Address *Hospital Ill*
 (Physician, Midwife or Coroner.)
 Filed for Record this *26* day of *Oct* 1903 *Louis Schneider* County Clerk.

Full Name of Deceased *Carl Linde*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M.* Color *W.* Age *53* Years — Months — Days
 Place of Birth *Sweden* (State or Country) Lived in Illinois *26* Years.
 Occupation *Coachman* Single, Married, Widower or Widow.
 Died on the *9th* day of *May* 1903, at about *11:30* A. M.
 Place of Death *Illinois Eastern Hospital for the Insane Hospital Ill*
 (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Forest Home Chicago* (Cemetery) Date of Burial *May 13, 1903*
 Name of Undertaker *Moffett + Arnett Co* Address *627 W. Lake St*

Immediate Cause of Death *Exhaustion from Pneumonia*
 Contributory Cause or Complication *Paralytic Dementia*

DURATION.			
Years	Months	Days	Hours
	1	21	
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 *24th* day } (Signature) *H. S. Harrett*
 of *May* 1903 } Address *Hospital Ill*
 (Physician, Midwife or Coroner.)
 Filed for Record this *26* day of *Oct* 1903 *Louis Schneider* County Clerk.