

# RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Mathewine K. Hengelochmidt*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *Female* Color *W* Age *66* Years *7* Months \_\_\_\_\_ Days \_\_\_\_\_  
Place of Birth *Bernany* (State or Country) Lived in Illinois *19* Years.  
Occupation *Householder* Single, Married, Widower or Widow.  
Died on the *22* day of *Sept* 1903, at about *4* A. M.  
Place of Death *398 7th Ave* (Township, Village or City. If in City, number of Street and Ward.) *Haukstatt Ill*  
Place of Burial *Bernan Catholic Cemetery* Date of Burial *Sept 24 1903*  
Name of Undertaker *David Lavery* Address *Haukstatt Ill.*

Immediate Cause of Death *Diabetes Mellitus*  
Contributory Cause or Complication \_\_\_\_\_  
DURATION.  
Years Months Days Hours  
*4* \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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 \_\_\_\_\_ day (Signature) *J. H. Roy* (Physician, Midwife or Coroner)  
of \_\_\_\_\_ 1903 Address *Haukstatt Ill.*  
Filed for Record this *26* day of *Oct* 1903 *Louis Schmidt Jr* County Clerk.

Full Name of Deceased *Lloyd Murray*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *M.* Color \_\_\_\_\_ Age *15* Years *2* Months *19* Days \_\_\_\_\_  
Place of Birth *Ill* (State or Country) Lived in Illinois *Lifetime* Years.  
Occupation *Attending School* Single, Married, Widower or Widow.  
Died on the *8* day of *Sept* 1903, at about *7 P.* M.  
Place of Death *Mormene City* (Township, Village or City. If in City, number of Street and Ward.)  
Place of Burial *Shroub* (Cemetery) Date of Burial *10 Sept 1903*  
Name of Undertaker *Edward Peter L. W. Balkus* Address *Mormene Ill*

Immediate Cause of Death *Diphtheria*  
Contributory Cause or Complication *Stricture of Bowels*  
DURATION.  
Years Months Days Hours  
\_\_\_\_\_ \_\_\_\_\_ *33* \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ *15* \_\_\_\_\_

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 \_\_\_\_\_ day (Signature) *A. S. Bunt M. D.* (Physician, Midwife or Coroner)  
of \_\_\_\_\_ 1903 Address *Mormene Ill*  
Filed for Record this *26* day of *Oct* 1903 *Louis Schmidt Jr* County Clerk.

Full Name of Deceased *Annie Johnson*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *F* Color *W.* Age *16* Years *10* Months \_\_\_\_\_ Days \_\_\_\_\_  
Place of Birth *Ill.* (State or Country) Lived in Illinois *16* Years.  
Occupation *School Girl* Single, Married, Widower or Widow.  
Died on the *20* day of *Sept* 1903, at about *7 P.* M.  
Place of Death *Mormene City* (Township, Village or City. If in City, number of Street and Ward.)  
Place of Burial *Milds Grove* (Cemetery) Date of Burial *Sept 22 03*  
Name of Undertaker *Melby + Halpin* Address *Mormene Ill*

Immediate Cause of Death *Tuberculosis of both Thighs*  
Contributory Cause or Complication *Diarrhoea*  
DURATION.  
Years Months Days Hours  
*8* \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ *10* \_\_\_\_\_

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 \_\_\_\_\_ day (Signature) *A. S. Bunt M. D.* (Physician, Midwife or Coroner)  
of \_\_\_\_\_ 1903 Address \_\_\_\_\_  
Filed for Record this *26* day of *Oct* 1903 *Louis Schmidt Jr* County Clerk.

Not indexed