

# RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *John Brown*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *Male* Color *white* Age *33* Years Months Days  
 Place of Birth *Ela, England* (State or Country) Lived in Illinois \_\_\_\_\_ Years.  
 Occupation *laborer* Single, Married, Widower or Widow.  
 Died on the *30* day of *Sept.* 1904, at about *4* A. M.  
 Place of Death *Nankakee* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Nankakee* (Cemetery) Date of Burial *Sept 30*  
 Name of Undertaker *David & Meyer* Address *Nankakee*

Immediate Cause of Death *Tuploid Fever*  
 Contributory Cause or Complication *Haemorrhage*

DURATION.			
Years	Months	Days	Hours
		<i>10</i>	

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 (Signature) *J. A. Brown*  
 of *Sept* 1904 Address *Nankakee* (Physician, Midwife or Coroner.)  
 Filed for Record this *2nd* day of *December* 1904 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Samuel B. Walker*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *male* Color *white* Age *77* Years Months Days  
 Place of Birth *Vermont* (State or Country) Lived in Illinois \_\_\_\_\_ Years.  
 Occupation *Carpenter* Single, Married, Widower or Widow.  
 Died on the *18th* day of *October* 1904, at about *Seven P.* M.  
 Place of Death *Illinois Eastern Hospital for the Insane*  
 Place of Burial *Alton, Ill.* (Cemetery) Date of Burial *Oct 21-04*  
 Name of Undertaker *David Lantry* Address *Nankakee, Ill.*

Immediate Cause of Death *Old pneumonia*  
 Contributory Cause or Complication *Senile Venetion*

DURATION.			
Years	Months	Days	Hours

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 *18* day (Signature) *E. Bollinger*  
 of *Oct* 1904 Address *Hospital Ill.* (Physician, Midwife or Coroner.)  
 Filed for Record this *2nd* day of *December* 1904 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Josephine Durocher*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *Female* Color *W.* Age *48* Years Months Days  
 Place of Birth *Illinois* (State or Country) Lived in Illinois *45* Years.  
 Occupation *Housewife* Single, Married, Widower or Widow.  
 Died on the *10th* day of *Oct* 1904, at about *2 a.* M.  
 Place of Death *Nankakee Ills Mattison Ave No 157*  
 Place of Burial *Nankakee* (Cemetery) Date of Burial \_\_\_\_\_  
 Name of Undertaker *D. Lantry* Address \_\_\_\_\_

Immediate Cause of Death *Meningitis*  
 Contributory Cause or Complication \_\_\_\_\_

DURATION.			
Years	Months	Days	Hours
		<i>8</i>	

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 *15th* day (Signature) *Eugene D. Burgess*  
 of *Oct* 1904 Address *Nankakee, Ill.* (Physician, Midwife or Coroner.)  
 Filed for Record this *2nd* day of *December* 1904 *Louis Schneider Jr.* County Clerk.