

RECORD OF CERTIFICATES OF DEATH.

203

Full Name of Deceased *Julius J. Hegner*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *W.* Age *45* Years Months _____ Days _____
 Place of Birth *Germany* (State or Country) Lived in Illinois *20* Years _____
 Occupation *Blacksmith* Single, Married, Widower or Widow _____
 Died on the *22* day of *Oct.* 190*4*, at about _____ M.
 Place of Death *Kankakee Ills.* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Mound Grove* (Cemetery) Date of Burial _____
 Name of Undertaker *Joe Speicher* Address *Kankakee Ills.*
 Immediate Cause of Death *Facial Erysipelas* } DURATION: Years _____ Months _____ Days *5* Hours _____
 Contributory Cause or Complication _____ }
 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 *26th* day of *Oct.* 190*4* (Signature) *Eugene D. Bergeron* (Physician, M.D. or D.O.)
 of *Oct.* 190*4* Address *309 Schuyler Ave. Kankakee Ills.*
 Filed for Record this *2nd* day of *December* 190*4* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Fay Victoria Underwood*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age _____ Years *4* Months *10* Days _____
 Place of Birth *Essay Ills.* (State or Country) Lived in Illinois _____ Years _____
 Occupation _____ Single, Married, Widower or Widow _____
 Died on the *16th* day of *Sept.* 190*4*, at about _____ *11 A. M.*
 Place of Death *Essay* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Essay* (Cemetery) Date of Burial *Sept 18*
 Name of Undertaker *W. Hasemeyer* Address *Essay*
 Immediate Cause of Death *Convulsions* } DURATION: Years _____ Months _____ Days _____ Hours _____
 Contributory Cause or Complication _____ }
 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 of *Oct.* 190*4* (Signature) *J. H. Allred* (Physician, M.D. or D.O.)
 of *Oct.* 190*4* Address *Essay*
 Filed for Record this *2nd* day of *December* 190*4* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Mrs. Elizabeth Gaucher*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *69 1/2* Years Months _____ Days _____
 Place of Birth *Germany* (State or Country) Lived in Illinois *38* Years _____
 Occupation *House wife* Single, Married, Widower or Widow _____
 Died on the *13th* day of *October* 190*4*, at about _____ *8:15 A. M.*
 Place of Death *Chubase Ills.* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Chubase Ills.* (Cemetery) Date of Burial *Oct 14th 1904*
 Name of Undertaker *Gravelle & Brown* Address *Chubase Ills.*
 Immediate Cause of Death *General Debility* } DURATION: Years _____ Months _____ Days _____ Hours _____
 Contributory Cause or Complication *Calculus of Gall Duct* }
 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 of _____ 190____ (Signature) *J. B. Conroy M.D.* (Physician, M.D. or D.O.)
 of _____ Address *Chubase Ills.*
 Filed for Record this *2nd* day of *December* 190*4* *Louis Schneider Jr.* County Clerk.