

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased George Murre
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White Age 30 Years — Months — Days
 Place of Birth Illinois (State or Country) Lived in Illinois 11 Years.
 Occupation Line-man Single, Married, Widower or Widow.
 Died on the 7 day of November 1904, at about 11:35 A. M.
 Place of Death Ill. Eastern Hospital for Insane, Hospital, Ill.
 Place of Burial St. Crow Nankaku, Ill. (Cemetery) Date of Burial November 9, 1904.
 Name of Undertaker David Larany. Address Nankaku, Ill.

Immediate Cause of Death General Paralysis of the Insane. DURATION.
 Years. Months. Days. Hours.
 } 3

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 7 day (Signature) Arthur O. Williams
 of November 1904 } Address Hospital, Ill.
 (Physician, Midwife or Coroner.)
 Filed for Record this 27th day of January 1905 Louis Schneider Jr. County Clerk.

Full Name of Deceased Perry Hobson
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White Age 42 Years Months Days
 Place of Birth Indiana (State or Country) Lived in Illinois 24 Years.
 Occupation Labour Single, Married, Widower or Widow.
 Died on the 12 day of November 1904, at about 8:08 A. M.
 Place of Death Ill. Eastern Hospital for Insane, Hospital, Ill.
 Place of Burial Hopkinton Illinois (Cemetery) Date of Burial Nov 15, 1904.
 Name of Undertaker David Larany. Address Nankaku, Ill.

Immediate Cause of Death General Paralysis of the Insane DURATION.
 Years. Months. Days. Hours.
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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 12 day (Signature) Arthur O. Williams
 of November 1904 } Address Hospital, Illinois
 (Physician, Midwife or Coroner.)
 Filed for Record this 7th day of January 1905 Louis Schneider Jr. County Clerk.

Full Name of Deceased James Mcarty
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White Age 48 Years Months Days
 Place of Birth Ohio (State or Country) Lived in Illinois Years.
 Occupation Farmer Single, Married, Widower or Widow.
 Died on the 12 day of November 1904, at about 10 P. M.
 Place of Death Illinois Eastern Hospital for Insane, Hospital, Ill.
 Place of Burial Vermillion Ill. (Cemetery) Date of Burial November 15, 1904
 Name of Undertaker W. Dyer Address

Immediate Cause of Death General Paralysis of the Insane DURATION.
 Years. Months. Days. Hours.
 } 3

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 14 day (Signature) Arthur O. Williams
 of November 1904 } Address Hospital Ill.
 (Physician, Midwife or Coroner.)
 Filed for Record this 7th day of January 1905 Louis Schneider Jr. County Clerk.