

Full Name of Deceased *Marion Hainwright*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *white* Age *35* Years Months _____ Days _____
 Place of Birth *America* (State or Country) Lived in Illinois _____ Years.
 Occupation *Housewife* Single, Married, Widower or Widow. *divorced*
 Died on the *6th* day of *November* 1904, at about *5:30* P. M.
 Place of Death *Illinois Eastern Hospital for the Insane, Hospital Ill.*
 Place of Burial *Oakwoods, Chicago* (Cemetery) Date of Burial *November 9th /04*
 Name of Undertaker *J. Horing* Address _____
 Immediate Cause of Death _____
 Contributory Cause or Complication *General Paralysis of the Insane In Hospital*
 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 *6th* day (Signature) *H. H. Hardt M.D.* (Physician, Midwife or Coroner.)
 of *November* 1904 Address *Hospital, Ill.*
 Filed for Record this *7th* day of *January* 1905 *Louis Schneider Jr.* County Clerk.

| DURATION. | | | |
|-----------|---------|-------|--------|
| Years. | Months. | Days. | Hours. |
| | 1 | | |
| | 1 | | |

Full Name of Deceased *Theresa Long*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *white* Age *58* Years Months _____ Days _____
 Place of Birth *Germany* (State or Country) Lived in Illinois _____ Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *19th* day of *November* 1904, at about *7:15* P. M.
 Place of Death *Illinois Eastern Hospital for the Insane, Hospital Ill.*
 Place of Burial *Peun Ill.* (Cemetery) Date of Burial *Nov. 22nd /04*
 Name of Undertaker *Spicher Bros.* Address *Kankakee, Ill.*
 Immediate Cause of Death *Organic Heart disease*
 Contributory Cause or Complication *Melancholia In Hospital*
 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 *31st* day (Signature) *H. H. Hardt M.D.* (Physician, Midwife or Coroner.)
 of *November* 1904 Address *Hospital Ill.*
 Filed for Record this *7th* day of *January* 1905 *Louis Schneider Jr.* County Clerk.

| DURATION. | | | |
|-----------|---------|-------|--------|
| Years. | Months. | Days. | Hours. |
| | | 7 | |

Full Name of Deceased *Laura A. Laughlin*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *white* Age *46* Years Months _____ Days _____
 Place of Birth *America* (State or Country) Lived in Illinois _____ Years.
 Occupation *Housewife* Single, Married, Widower or Widow. *afarnted*
 Died on the *17th* day of *November* 1904, at about *11:45* A. M.
 Place of Death *Illinois Eastern Hospital for Insane, Hospital Ill.*
 Place of Burial *Jerquois Ill.* (Cemetery) Date of Burial *Nov. 24/04*
 Name of Undertaker *David Leroy* Address *November 28/04*
 Immediate Cause of Death *General Paralysis of the Insane*
 Contributory Cause or Complication *In Hospital*
 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 *17th* day (Signature) *H. H. Hardt* (Physician, Midwife or Coroner.)
 of *November* 1904 Address *Hospital Ill.*
 Filed for Record this *7th* day of *January* 1905 *Louis Schneider Jr.* County Clerk.

| DURATION. | | | |
|-----------|---------|-------|--------|
| Years. | Months. | Days. | Hours. |
| | 1 | 7 | |