

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Hannah Groll*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *white* Age *45* Years Months Days
 Place of Birth *America* (State or Country) Lived in Illinois *45* Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *18th* day of *November* 1904, at about *6:25 P. M.*
 Place of Death *Illinois Eastern Hospital for the Insane, Hospital, Ill.*
 Place of Burial *Dwight, Ill.* (Cemetery) Date of Burial *Nov 20/04.*
 Name of Undertaker *David Lavery* Address *Nankakee, Ill.*

Immediate Cause of Death _____
Pneumonia
 Contributory Cause or Complication _____
Acute Melancholia In Hospital

DURATION.			
Years	Months	Days	Hours
	14		

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 *19th* day of *November* 1904 (Signature) *H. H. Hardt M. D.* (Physician, Midwife or Coroner.)
 Address *Hospital, Ill.*
 Filed for Record this *7th* day of *January* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Theresa Murphy*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *white* Age *41* Years Months Days
 Place of Birth *Ireland* (State or Country) Lived in Illinois _____ Years.
 Occupation *Domestic* Single, Married, Widower or Widow.
 Died on the *24th* day of *November* 1904, at about *3:10 a. M.*
 Place of Death *Illinois Eastern Hospital for the Insane, Hospital, Ill.*
 Place of Burial *Nankakee, Ill.* (Cemetery) Date of Burial *November 25/04*
 Name of Undertaker *David Lavery* Address *Nankakee, Ill.*

Immediate Cause of Death _____
General Paralysis of the Insane
 Contributory Cause or Complication _____
In Hospital

DURATION.			
Years	Months	Days	Hours
	3		

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 *35th* day of *November* 1904 (Signature) *H. H. Hardt M. D.* (Physician, Midwife or Coroner.)
 Address *Hospital, Ill.*
 Filed for Record this *7th* day of *January* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Helen M. Walker*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *white* Age *68* Years Months Days
 Place of Birth *America* (State or Country) Lived in Illinois _____ Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *6th* day of *November* 1904, at about *2:45 P. M.*
 Place of Death *Illinois Eastern Hospital for the Insane, Hospital, Ill.*
 Place of Burial *Graceland Chicago* (Cemetery) Date of Burial *Nankakee, Ill.*
 Name of Undertaker *David Lavery* Address _____

Immediate Cause of Death _____
General Paralysis of the Insane
(Concussion)
 Contributory Cause or Complication _____
In Hospital

DURATION.			
Years	Months	Days	Hours
	2	6	

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 of *November* 1904 (Signature) *H. H. Hardt M. D.* (Physician, Midwife or Coroner.)
 Address *Hospital, Ill.*
 Filed for Record this *7th* day of *January* 1905 *Louis Schneider Jr.* County Clerk.