

Full Name of Deceased *Laura Mendel*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Female* Color *white* Age *25* Years Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth *America* (State or Country) Lived in Illinois *25* Years.  
 Occupation \_\_\_\_\_ Single, Married, Widower or Widow.  
 Died on the *6th* day of *November* 1904, at about *1:30 P.* M.  
 Place of Death *Illinois Eastern Hospital for the Insane Hospital Ill.*  
 Place of Burial *Arden, Ill.* (Cemetery) Date of Burial *Nov. 8th 1904*  
 Name of Undertaker *David Lavery* Address *Hospital Ill.*  
 Immediate Cause of Death *Pulmonary Tuberculosis* DURATION: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
 Contributory Cause or Complication *Imbecility in Hospital* } 8  
 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 *7th* day (Signature) *H. M. Hardt* (Physician, Midwife or Coroner.)  
 of *November* 1904 } Address *Hospital, Ill.*  
 Filed for Record this *7th* day of *January* 1905 *Louis Schmudger Jr.* County Clerk.

Full Name of Deceased *Julius J. Dray*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *white* Age *46* Years Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth *New York* (State or Country) Lived in Illinois *45* Years.  
 Occupation *Blacksmith* Single, Married, Widower or Widow.  
 Died on the *31* day of *Oct* 1904, at about *5 A.* M.  
 Place of Death *Kankakee Ill.*  
 Place of Burial *Kankakee Ill.* (Cemetery) Date of Burial *Nov 21 1904*  
 Name of Undertaker *David Lavery* Address *Kankakee, Ill.*  
 Immediate Cause of Death *Hæmaturæ* DURATION: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
 Contributory Cause or Complication *Heavy lifting* }  
 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 *11* day (Signature) *F. C. Hamilton* (Physician, Midwife or Coroner.)  
 of *Nov* 1904 } Address *204 Leach St. Kankakee, Ill.*  
 Filed for Record this *7th* day of *January* 1905 *Louis Schmudger Jr.* County Clerk.

Full Name of Deceased *Celestine Fortin*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *white* Age *76* Years *8* Months *14* Days  
 Place of Birth *Canada* (State or Country) Lived in Illinois *57* Years.  
 Occupation *Farming* Single, Married, Widower or Widow.  
 Died on the *20th* day of *November* 1904, at about *12:30 P.M.*  
 Place of Death *Manteno, Ill.*  
 Place of Burial *Manteno Ill.* (Cemetery) Date of Burial *Nov 22nd, 1904*  
 Name of Undertaker *J. E. Marceau* Address *Manteno*  
 Immediate Cause of Death *Carcinoma of Stomach* 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 *26th* day (Signature) *J. M. Mulick M.D.* (Physician, Midwife or Coroner.)  
 of *November* 1904 } Address *Manteno Ill.*  
 Filed for Record this *7th* day of *January* 1905 *Louis Schmudger Jr.* County Clerk.