

# RECORD OF CERTIFICATES OF DEATH.

223

Full Name of Deceased Veronica Ada Brady  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex F Color H Age 9 mos Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth Hospital Ill. (State or Country) Lived in Illinois \_\_\_\_\_ Years \_\_\_\_\_  
 Occupation \_\_\_\_\_ Single, Married, Widower or Widow \_\_\_\_\_  
 Died on the 29<sup>th</sup> day of December 1904, at about 3:30 P. M.  
 Place of Death Hospital Ill. (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Hospital Ill. (Cemetery) Date of Burial Dec 30/04  
 Name of Undertaker Hospital Authorities Address Hospital Ill.

Immediate Cause of Death Premature Birth DURATION: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
 Contributory Cause or Complication caused by strain in lifting } 9 mos.

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 30<sup>th</sup> day of December 1904 (Signature) H. S.hardt M.D. (Physician, Midwife or Coroner.)  
 Address Hospital Ill.  
 Filed for Record this 6<sup>th</sup> day of February 1905 Louis Schneider Jr. County Clerk.

Full Name of Deceased Mrs John Walton  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex Female Color White Age 58 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth America (State or Country) Lived in Illinois 58 Years \_\_\_\_\_  
 Occupation Housewife Single, Married, Widower or Widow \_\_\_\_\_  
 Died on the 30<sup>th</sup> day of December 1904, at about 5:45 P. M.  
 Place of Death Illinois Eastern Hospital for the Insane Hospital Ill. (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Danville Ill. (Cemetery) Date of Burial Jan 1st 1905  
 Name of Undertaker David Lavery Address Pankakew Ill.

Immediate Cause of Death Senile Dementia DURATION: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
 Contributory Cause or Complication In Hospital } 1 15

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 31<sup>st</sup> day of December 1904 (Signature) H. S.hardt (Physician, Midwife or Coroner.)  
 Address Hospital Ill.  
 Filed for Record this 6<sup>th</sup> day of February 1905 Louis Schneider Jr. County Clerk.

Full Name of Deceased Mary C. Simmons  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex Female Color White Age 56 Years 4 Months 23 Days \_\_\_\_\_  
 Place of Birth Housekeeper Ohio (State or Country) Lived in Illinois 48 Years \_\_\_\_\_  
 Occupation Housekeeper Single, Married, Widower or Widow \_\_\_\_\_  
 Died on the 13 day of Dec 1904, at about 6 P. M.  
 Place of Death Momence City (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Momence (Cemetery) Date of Burial Dec 6 '04  
 Name of Undertaker Maly + Halpin Address Momence, Ill.

Immediate Cause of Death Fatal Overgrowth and Hypertrophy Heart 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 \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_ (Signature) A. S. Burt M.D. (Physician, Midwife or Coroner.)  
 Address Momence, Ill.  
 Filed for Record this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_ County Clerk.