

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *John Lerold Smith*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *white* Age *5* Years *15* Months *15* Days  
 Place of Birth *Illinois* (State or Country.) Lived in Illinois *14* Years.  
 Occupation *Single, Married, Widower or Widow.*  
 Died on the *24th* day of *August* 1904, at about *4 A.M.*  
 Place of Death *Rockville, Illinois* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Rockville, Illinois* (Cemetery.) Date of Burial *August 25 1904*  
 Name of Undertaker \_\_\_\_\_ Address \_\_\_\_\_  
 Immediate Cause of Death *Cerebral Meningitis*  
 Contributory Cause or Complication *teething*  
 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 *24th* day (Signature) *J. Ronbeau* (Physician, Midwife or Coroner.)  
 of *September* 1904 } Address *Marion, Illinois*  
 Filed for Record this *6th* day of *February* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *John A. Collins*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *White* Age *47* Years *14* Months *14* Days  
 Place of Birth *Connecticut* (State or Country.) Lived in Illinois *14* Years.  
 Occupation *Farmer, day labour* Single, Married, Widower or Widow.  
 Died on the *1* day of *December* 1904, at about *6:20 P. M.*  
 Place of Death *Ill. Eastern Hospital for Insane* (Township, Village or City. If in City, number of Street and Ward.) *Hospital, Ill.*  
 Place of Burial *Rossville, Ill.* (Cemetery.) Date of Burial *December 4 1904*  
 Name of Undertaker *David Larny* Address *Kankakee Ill.*  
 Immediate Cause of Death *General Paralysis of the Insane*  
 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 *1* day (Signature) *Arthur O. Williams* (Physician, Midwife or Coroner.)  
 of *December* 1904 } Address *Hospital, Ill.*  
 Filed for Record this *6th* day of *February* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *George Mallon*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *White* Age *62* Years *8* Months *8* Days  
 Place of Birth *France* (State or Country.) Lived in Illinois (?) Years.  
 Occupation *Machinist* Single, Married, Widower or Widow.  
 Died on the *13* day of *December* 1904, at about *12:30 P. M.*  
 Place of Death *Ill. Eastern Hospital for Insane* (Township, Village or City. If in City, number of Street and Ward.) *Hospital, Ill.*  
 Place of Burial *Ill. Eastern Hospital Burying Ground* (Cemetery.) Date of Burial *12-15-04*  
 Name of Undertaker *Hospital Authorities* Address *Hospital, Ill.*  
 Immediate Cause of Death *Tuberculo broncho pneumonia*  
 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 *15* day (Signature) *A. O. Williams* (Physician, Midwife or Coroner.)  
 of *December* 1904 } Address *Hospital, Ill.*  
 Filed for Record this *6th* day of *February* 1905 *Louis Schneider Jr.* County Clerk.