

RECORD OF CERTIFICATES OF DEATH.

227

Full Name of Deceased George W. Hunter

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White Age 71 Years Months _____ Days _____

Place of Birth Illinois (State or Country) Lived in Illinois _____ Years _____

Occupation Mechanic Single, Married, Widower or Widow _____

Died on the 15 day of December 1904, at about _____ M. _____

Place of Death Illinois Eastern Hospital for Insane Hospital, Ill.
(Township, Village or City. If in City, number of street and ward.)

Place of Burial Hospital Burial Grounds (Cemetery) Date of Burial December 21 - 1904

Name of Undertaker Hospital Authorities Address Hospital Ill.

Immediate Cause of Death Coronary Myocarditis

DURATION.			
Years	Months	Days	Hours
4	3		

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 19 day (Signature) Arthur C. Williams
(Physician, Midwife or Coroner.)
of December 1904 Address Hospital, Ill.

Filed for Record this 6th day of February 1905 Louis Schneider County Clerk.

Full Name of Deceased Joseph Tschunauer

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White Age 72 Years Months _____ Days _____

Place of Birth _____ (State or Country) Lived in Illinois _____ Years _____

Occupation _____ Single, Married, Widower or Widow _____

Died on the 20 day of December 1904, at about _____ 8 P. M.

Place of Death Illinois Eastern Hospital for Insane Hospital, Ill.
(Township, Village or City. If in City, number of street and ward.)

Place of Burial Chicago (Cemetery) Date of Burial Dec 22, 1904

Name of Undertaker H. H. Kertan Address Chicago

Immediate Cause of Death Coronary Myocarditis

DURATION.			
Years	Months	Days	Hours

Contributory Cause or Complication Arteriosclerosis

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 21 day (Signature) Arthur C. Williams
(Physician, Midwife or Coroner.)
of December 1904 Address Hospital, Ill.

Filed for Record this 6th day of February 1905 Louis Schneider County Clerk.

Full Name of Deceased Ambrose Reidy

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White Age 37 Years Months _____ Days _____

Place of Birth _____ (State or Country) Lived in Illinois _____ Years _____

Occupation _____ Single, Married, Widower or Widow _____

Died on the 23 day of December 1904, at about _____ 9:20 A. M.

Place of Death Ill. Eastern Hospital for Insane Hospital, Ill.
(Township, Village or City. If in City, number of street and ward.)

Place of Burial Chicago (Cemetery) Date of Burial _____

Name of Undertaker David Lantry Address Kankakee Ill.

Immediate Cause of Death Pulmonary Tuberculosis

DURATION.			
Years	Months	Days	Hours
	2		

Contributory Cause or Complication Territorial Dementia } 13

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 23 day (Signature) Arthur C. Williams
(Physician, Midwife or Coroner.)
of December 1904 Address Hospital, Ill.

Filed for Record this 6th day of February 1905 Louis Schneider County Clerk.