

# RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased Stephen Jiggs  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex Male Color White Age 46 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth Illinois (State or Country) Lived in Illinois \_\_\_\_\_ Years.  
 Occupation Painter Single, Married, Widower or Widow \_\_\_\_\_  
 Died on the 31 day of December 1904, at about 1:35 A.M.  
 Place of Death Ill. Eastern Hospital for Insane, Hospital, Ill.  
 Place of Burial Hoopston, Ill. (Cemetery) Date of Burial \_\_\_\_\_  
 Name of Undertaker David Larson Address Kankakee, Ill.

Immediate Cause of Death General Paralysis of the Insane

DURATION.			
Years.	Months.	Days.	Hours.
1	1		

  
 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 31 day of December 1904 (Signature) Arthur E. Williams (Physician, Midwife or Coroner.)  
 of Hospital, Ill. Address \_\_\_\_\_  
 Filed for Record this 6th day of February 1905 Louis Schneider Jr. County Clerk.

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

Sex Male Color White Age 57 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth United States (State or Country) Lived in Illinois 57 Years.  
 Occupation Steam Fitter Single, Married, Widower or Widow \_\_\_\_\_  
 Died on the 29 day of December 1904, at about 7:46 A.M.  
 Place of Death Ill. Eastern Hospital for Insane, Hospital, Ill.  
 Place of Burial Chicago (Cemetery) Date of Burial \_\_\_\_\_  
 Name of Undertaker P. O'Brien Address \_\_\_\_\_

Immediate Cause of Death General Paralysis of the Insane

DURATION.			
Years.	Months.	Days.	Hours.
	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 29 day of December 1904 (Signature) Arthur E. Williams (Physician, Midwife or Coroner.)  
 of Hospital, Ill. Address \_\_\_\_\_  
 Filed for Record this 6th day of February 1905 Louis Schneider Jr. County Clerk.

Full Name of Deceased Henry Matson  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex M Color W Age 77 Years 8 Months 22 Days \_\_\_\_\_  
 Place of Birth Germany (State or Country) Lived in Illinois 37 Years.  
 Occupation Laborer Single, Married, Widower or Widow \_\_\_\_\_  
 Died on the 18 day of Dec 1904, at about 9 P. M.  
 Place of Death Shurburnville Ill. (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial \_\_\_\_\_ (Cemetery) Date of Burial \_\_\_\_\_  
 Name of Undertaker A. W. B. Johnson Address Grant Park

Immediate Cause of Death Gen. Debility

DURATION.			
Years.	Months.	Days.	Hours.
10			

  
 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 22 day of Dec 1904 (Signature) H. W. Van Horn (Physician, Midwife or Coroner.)  
 of Grant Park Ill. Address \_\_\_\_\_  
 Filed for Record this 6th day of February 1905 Louis Schneider Jr. County Clerk.