

RECORD OF CERTIFICATES OF DEATH.

233

Full Name of Deceased *L. Arthur Senecal*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *57* Years Months Days
 Place of Birth *Canada* (State or Country) Lived in Illinois Years
 Occupation *Religious School Teacher* Single, Married, Widower or Widow.
 Died on the *26th* day of *December* 190*4*, at about *11:10 p.* M.
 Place of Death *Bourbonnais* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Maternity Church* (Cemetery.) Date of Burial *Dec. 29 - 1904*
 Name of Undertaker *Joe. W. Lawrence* Address *Bourbonnais*

Immediate Cause of Death *Broncho Pneumonia*

DURATION.			
Years	Months	Days	Hours
			15

Contributory Cause or Complication *Pulmonary Tuberculosis*

12			
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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 *30th* day of *December* 190*4* (Signature) *Charles J. Morel* (Physician, Midwife or Coroner.)
 of *December* 190*4* Address *Bourbonnais, Ill.*
 Filed for Record this *4th* day of *March* 190*5* *Louis Schneider* County Clerk.

Full Name of Deceased *Seaman G. Garand*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *73* Years Months Days
 Place of Birth *Amenia* (State or Country) Lived in Illinois *41* Years.
 Occupation *Carpenter* Single, Married, Widower or Widow.
 Died on the *18* day of *January* 190*5*, at about *9:50 P.* 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 *Mendota, Ill.* (Cemetery.) Date of Burial
 Name of Undertaker *David Lavery* Address *Kankakee, Ill.*

Immediate Cause of Death *Exhaustion*

DURATION.			
Years	Months	Days	Hours
			3

Contributory Cause or Complication *Smile Dequencia*
Chronic Interstitial Nephritis

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 of *January* 190*5* (Signature) *Arthur O. Williams* (Physician, Midwife or Coroner.)
 of *January* 190*5* Address *Hospital, Ill.*
 Filed for Record this *4th* day of *March* 190*5* *Louis Schneider* County Clerk.

Full Name of Deceased *George W. Adams*
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 *Salesman* Single, Married, Widower or Widow.
 Died on the *7* day of *January* 190*5*, at about *8 P.* 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, Ill.* (Cemetery.) Date of Burial
 Name of Undertaker *David Lavery* Address *Kankakee*

Immediate Cause of Death *General Paralysis of the Insane*

DURATION.			
Years	Months	Days	Hours
4			

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 of *January* 190*5* (Signature) *Arthur O. Williams* (Physician, Midwife or Coroner.)
 of *January* 190*5* Address *Hospital, Ill.*
 Filed for Record this *4th* day of *March* 190*5* *Louis Schneider* County Clerk.