

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased James C. Farrington
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex 717 Color W Age 35 Years 0 Months — Days —
 Place of Birth America (State or Country) Lived in Illinois 15 Years.
 Occupation Railroadman Single, Married, Widower or Widow.
 Died on the 22 day of May 1903, at about 11:30 P.M.
 Place of Death Ill. Eastern Hospital for the Insane Hospital Ill
 (Township, Village or City, if in City, number of Street and Ward.)
 Place of Burial Calvary Chicago (Cemetery) Date of Burial May 24/03
 Name of Undertaker David Lavery Address Hanksville Ill
 Immediate Cause of Death Paresis
 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 23 day of May 1903 (Signature) H. S. Havelst
 of Hospital Ill Address Hospital Ill
 Filed for Record this 26 day of Oct 1903 Louis Schneider County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
3			

Full Name of Deceased Daniel Walter
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex 717 Color W Age 56 Years — Months — Days —
 Place of Birth Switzerland (State or Country) Lived in Illinois 5-3 Years.
 Occupation Merchant Single, Married, Widower or Widow.
 Died on the 6 day of May 1903, at about 3:40 P.M.
 Place of Death Ill. Eastern Hospital for the Insane Hospital Ill
 (Township, Village or City, if in City, number of Street and Ward.)
 Place of Burial Mound Park Chicago (Cemetery) Date of Burial May 8/03
 Name of Undertaker David Lavery Address Hanksville Ill
 Immediate Cause of Death Hypodactyl Pneumonia
 Contributory Cause or Complication Paresis Dementia
 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 7 day of May 1903 (Signature) H. S. Havelst
 of Hospital Ill Address Hospital Ill
 Filed for Record this 26 day of Oct 1903 Louis Schneider County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
		4	
8			

Full Name of Deceased Watie Leahy
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex F Color W Age 32 Years — Months — Days —
 Place of Birth Chicago Ill. (State or Country) Lived in Illinois — Years.
 Occupation Housewife Single, Married, Widower or Widow.
 Died on the 2 day of June 1903, at about 6:25 P.M.
 Place of Death Ill. Eastern Hospital for the 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 Lavery Address Hanksville
 Immediate Cause of Death Pulmonary Tuberculosis
 Contributory Cause or Complication Melancholia
 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 3 day of June 1903 (Signature) Clarence F. Shantz
 of Hospital Ill Address Hospital Ill
 Filed for Record this 26 day of Oct 1903 Louis Schneider County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
12	1		