

RECORD OF CERTIFICATES OF DEATH.

DEATH.

Full Name of Deceased *Lawrence Fetterley*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *88* Years *10* Months *16* Days
Place of Birth *New York* (State or Country) Lived in Illinois *52* Years.
Occupation *Farmhand* Single, Married, Widower or Widow.
Died on the *27* day of *Jan* 1905, at about *1 A.* M.
Place of Death *Herschel* (Township, Village or City. If in City, number of Street and Ward.)
Place of Burial *Chilcass* (Cemetery) Date of Burial *Jan 30*
Name of Undertaker *Arthur Oberlin* Address *Herschel Ill.*

Immediate Cause of Death *Bronchitis*
Contributory Cause or Complication
DURATION.
Years Months Days Hours
10

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 *14* day (Signature) *Clin McLeornich M.D.*
of *Feb.* 1905 Address *Herschel, Ill.*

Filed for Record this *13* day of *April* 1905 *Louis Schneider Jr.* County Clerk.

DEATH.

Full Name of Deceased *Stewart Mann*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *9* Years *3* Months *15* Days
Place of Birth *Kankakee Ill.* (State or Country) Lived in Illinois *9* Years.
Occupation *none* Single, Married, Widower or Widow.
Died on the *25* day of *Feb* 1905, at about *10 P.* M.
Place of Death *Kankakee Ill.* (Township, Village or City. If in City, number of Street and Ward.)
Place of Burial *Mound Grove Kankakee Ill.* (Cemetery) Date of Burial *Feb 27th '05*
Name of Undertaker *David Lunny* Address *Kankakee Ill.*

Immediate Cause of Death *Dilation of heart Pericarditis*
following Endocarditis + Myocarditis Rheumatic
Contributory Cause or Complication *acute rheumatism articular*
Followed with heart complications - Valvular lesions
DURATION.
Years Months Days Hours

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 *4* day (Signature) *Geo. H. Lee M.D.*
of *March* 1905 Address *Kankakee Ill.*

Filed for Record this *13* day of *April* 1905 *Louis Schneider Jr.* County Clerk.

DEATH.

Full Name of Deceased *Elizabeth M. Smith*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *31* Years *11* Months *24* Days
Place of Birth *Illinois* (State or Country) Lived in Illinois *Whole life* Years.
Occupation *House wife* Single, Married, Widower or Widow.
Died on the *5th* day of *February* 1905, at about *8 30 P.* M.
Place of Death *Manteno Ill.* (Township, Village or City. If in City, number of Street and Ward.)
Place of Burial *Manteno* (Cemetery) Date of Burial *Feb 8th 1905*
Name of Undertaker *H. H. Harvey* Address *Manteno*

Immediate Cause of Death *Acute Pneumonia*
Contributory Cause or Complication
DURATION.
Years Months Days Hours
8

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 *28th* day (Signature) *J. M. Gulick M.D.*
of *February* 1905 Address *Manteno, Ill.*

Filed for Record this *13* day of *April* 1905 *Louis Schneider Jr.* County Clerk.