

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Christian Rung*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *66* Years Months *8* Days
 Place of Birth *Germany* (State or Country) Lived in Illinois *34* Years.
 Occupation *Farmer* Single, Married, Widower or Widow.
 Died on the *19th* day of *February* 1905, at about *6 P.* M.
 Place of Death *Manteno Sp.* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Restone* (Cemetery) Date of Burial *Feb 23rd 1905.*
 Name of Undertaker *Mr Strawen* Address *Restone Ill.*

Immediate Cause of Death *Carcinoma of Stomach*
 Contributory Cause or Complication _____
 DURATION:
 Years. Months. Days. Hours.
unknown

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 (Physician, Midwife or Coroner.) Address *Manteno Ill.*
 Filed for Record this *13* day of *April* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Dora M. Dahm*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *W.* Age *63* Years *7* Months *10* Days
 Place of Birth *Mecklenburg Germany* (State or Country) Lived in Illinois *38* Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *25* day of *March* 1905, at about *1 P.* M.
 Place of Death *141-3rd ave Tarkenton* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Mound Grove Cemetery* (Cemetery) Date of Burial *March 28-05.*
 Name of Undertaker *Spiecher* Address *Tarkenton*

Immediate Cause of Death *Spinal paralysis*
 Contributory Cause or Complication *Gastric ulcer*
 DURATION:
 Years. Months. Days. Hours.
3
5

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 *4th* day (Signature) *A. S. Eshbaugh M.D.*
 of *Apr.* 1905 (Physician, Midwife or Coroner.) Address *Tarkenton, Ill.*
 Filed for Record this *13* day of *April* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Martha McKee Vaughan*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *W.* Age *58* Years *9* Months *15* Days
 Place of Birth *Canada* (State or Country) Lived in Illinois _____ Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *15th* day of *March* 1905, at about *11:30 P.* M.
 Place of Death *342 Erving Ave Tarkenton* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Mound Grove Cemetery* (Cemetery) Date of Burial *March 18*
 Name of Undertaker *Daniel Lavery* Address *Tarkenton*

Immediate Cause of Death *Pneumonia*
 Contributory Cause or Complication *La grippe*
 DURATION:
 Years. Months. Days. Hours.
7

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 *8* day (Signature) *A. S. Eshbaugh M.D.*
 of *Apr.* 1905 (Physician, Midwife or Coroner.) Address *Tarkenton, Ill.*
 Filed for Record this *13* day of *April* 1905 *Louis Schneider Jr.* County Clerk.