

RECORD OF CERTIFICATES OF DEATH.

257

Full Name of Deceased *Godlieb Stebo*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *77* Years *5* Months *14* Days
 Place of Birth *Germany* (State or Country) Lived in Illinois *30* Years.
 Occupation *Farmer* Single, Married, Widower or Widow.
 Died on the *17th* day of *December* 190*4*, at about *5:30* A.M.
 Place of Death *Bonfield* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Frankchester Bonfield* (Cemetery) Date of Burial *December 18th*
 Name of Undertaker _____ Address *Bonfield*

Immediate Cause of Death *Heart failure*

DURATION.			
Years.	Months.	Days.	Hours.

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 *17th* day of *December* 190*5* (Signature) *Louis O. Feronville* (Physician, Midwife or Coroner.)
 Address *220 Schuyler Ave.*
 Filed for Record this *15* day of *May* 190*5* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *William D. Lane*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *71* Years *11* Months _____ Days _____
 Place of Birth *New York* (State or Country) Lived in Illinois *53* Years.
 Occupation *Merchant* Single, Married, Widower or Widow.
 Died on the *12th* day of *March* 190*5*, at about *5:00* A.M.
 Place of Death *Mornance* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Mornance cemetery* (Cemetery) Date of Burial *14th March 1905*
 Name of Undertaker *Mr. Melby* Address *Mornance Ill.*

Immediate Cause of Death *Smothered while asleep caused by fat surrounding heart*

DURATION.			
Years.	Months.	Days.	Hours.

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 *12th* day of *March* 190*5* (Signature) *Louis O. Feronville* (Physician, Midwife or Coroner.)
 Address *195 Station St. Nankakee Ill.*
 Filed for Record this *15* day of *May* 190*5* *Louis Schneider Jr.* County Clerk.

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

Sex *Male* Color *White* Age *86* Years _____ Months _____ Days _____
 Place of Birth *Germany* (State or Country) Lived in Illinois *60* Years.
 Occupation *retired* Single, Married, Widower or Widow.
 Died on the _____ day of *March* 190*5*, at about _____ M.
 Place of Death *Nankakee, Ill.* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Nankakee* (Cemetery) Date of Burial *March 19-05*
 Name of Undertaker *Speicher Bros* Address *Nankakee Ill.*

Immediate Cause of Death *Nephritis*

DURATION.			
Years.	Months.	Days.	Hours.

Contributory Cause or Complication *Bronchitis*

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 *18* day of *March* 190*5* (Signature) *F. C. Hamilton* (Physician, Midwife or Coroner.)
 Address *204 Leont St. Nankakee Ill.*
 Filed for Record this *15* day of *May* 190*5* *Louis Schneider Jr.* County Clerk.