

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Harry A. Pittman*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *27* Years Months Days
Place of Birth *Ohio* (State or Country) Lived in Illinois *20* Years.
Occupation *R. R. Conductor* Single, Married, Widower or Widow.
Died on the *18th* day of *March* 1905, at about *4 P.* M.
Place of Death *Morrence* (Township, Village or City. If in City, number of Street and Ward.)
Place of Burial *Morrence* (Cemetery) Date of Burial *20 March*
Name of Undertaker *Melley* Address *Morrence, Ill.*
Immediate Cause of Death *Crushed between cars while on duty*
Contributory Cause or Complication

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 *1905* day (Signature) *Louis O. Fenouille* (Physician, Midwife or Coroner.)
of *190* Address *220 Schuyler Ave.*
Filed for Record this *15* day of *May* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *George H. Graves*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *34* Years *3* Months *20* Days
Place of Birth *Morrence* (State or Country) Lived in Illinois *34* Years.
Occupation *R. R. Engineer* Single, Married, Widower or Widow.
Died on the *25th* day of *Feb* 1905, at about *2 A.* M.
Place of Death *Near Morrence* (Township, Village or City. If in City, number of Street and Ward.)
Place of Burial *Morrence* (Cemetery) Date of Burial *27 Feb. 1905*
Name of Undertaker *O. M. Hasten* Address *Morrence, Ill.*
Immediate Cause of Death *Accidentally killed by his own engine leaving track - turning over.*
Contributory Cause or Complication

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 *25th* day (Signature) *Louis O. Fenouille* (Physician, Midwife or Coroner.)
of *Feb* 1905 Address *195 Station St. Kankakee*
Filed for Record this *15* day of *May* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Albert O. Kaskath*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *35* Years *7* Months *6* Days
Place of Birth *Kankakee* (State or Country) Lived in Illinois *35* Years.
Occupation *R. R. Conductor* Single, Married, Widower or Widow.
Died on the *26th* day of *Feb* 1905, at about *1 A.* M.
Place of Death *Kankakee* (Township, Village or City. If in City, number of Street and Ward.)
Place of Burial *Seneca, Ill.* (Cemetery) Date of Burial *March 1st 1905.*
Name of Undertaker *Darid Larry* Address *Merchant St. Kankakee*
Immediate Cause of Death *Accidentally crushed between two cars on Big Fowl Road.*
Contributory Cause or Complication

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 *28th* day (Signature) *Louis O. Fenouille* (Physician, Midwife or Coroner.)
of *Feb* 1905 Address *195 Station St. Kankakee*
Filed for Record this *15* day of *May* 1905 *Louis Schneider Jr.* County Clerk.