

Full Name of Deceased *Fred Van Inwagen*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *male* Color *White* Age *45* Years Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth *Chicago Ill.* Lived in Illinois *45* Years.  
 Occupation *One of film (Tiffany Buckles)* Single, Married, Widower or Widow.  
 Died on the *Tenth* day of *March* 1905, at about *Ten (10) a. M.*  
 Place of Death *Ganew Momenue township* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Momenue Cemetery* (Cemetery.) Date of Burial \_\_\_\_\_  
 Name of Undertaker *Mr Melby* Address \_\_\_\_\_

Immediate Cause of Death *Suicide by shooting himself*  
*in head*  
 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 *10th* day } (Signature) *Louis C. Fenoville*  
 of *March* 1905 } (Physician, Midwife or Coroner.)  
 Address *195 Station St. Kankakee Ill.*  
 Filed for Record this *15* day of *May* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *George Henry Alfred Dandurand*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *Male* Color *White* Age *34* Years *10* Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth *State Illinois* Lived in Illinois *all life* Years.  
 Occupation *Preist* Single, Married, Widower or Widow.  
 Died on the *26th* day of *February* 1905, at about *3 a. M.*  
 Place of Death *Bonbournais* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Bonbournais* (Cemetery.) Date of Burial *February 28*  
 Name of Undertaker *Joseph Laurence* Address *F.*

Immediate Cause of Death *Tuberculosis*  
 Contributory Cause or Complication \_\_\_\_\_

DURATION.			
Years.	Months.	Days.	Hours.
<i>1</i>	<i>6</i>		

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) *J. M. Fogarty*  
 of *March* 1905 } (Physician, Midwife or Coroner.)  
 Address *Kankakee Illinois*  
 Filed for Record this *15* day of *May* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Lehestian Leste*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex *Male* Color *White* Age *79* Years Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth *Canada* Lived in Illinois *62* Years.  
 Occupation *None* Single, Married, Widower or Widow.  
 Died on the *25* day of *March* 1905, at about *5 a. M.*  
 Place of Death *Highway Ave Kankakee Ill.* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Mount Grove Cemetery* (Cemetery.) Date of Burial *Apr 27 05*  
 Name of Undertaker *Daniel Lacey* Address *Kankakee Ill.*

Immediate Cause of Death *Senile debility with*  
*massive intoxication*  
 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 *25* day } (Signature) *A. L. Gagnon M. D.*  
 of *March* 1905 } (Physician, Midwife or Coroner.)  
 Address *Kankakee, Ill.*  
 Filed for Record this *15* day of *May* 1905 *Louis Schneider Jr.* County Clerk.