

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased Fannie Engelhardt
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Female Color White Age 29 Years Months _____ Days _____
 Place of Birth Hungary (State or Country) Lived in Illinois not stated Years.
 Occupation Housewife Single, Married, Widower or Widow.
 Died on the 11 day of March 1905, at about 3:55 P. M.
 Place of Death Illinois Eastern Hospital for Insane Hospital Ill
 (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Aust Hung Cemetery Date of Burial March 12, 1905.
 (Cemetery.)
 Name of Undertaker Kemstini Address Chicago, Illinois

Immediate Cause of Death _____
Heart disease (Mitral Regurgitation)
 Contributory Cause or Complication _____
Primary Dementia

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 12 day } (Signature) Claude F. Shronts
 of March 1905 } Address Hospital Illinois
 (Physician, Midwife or Coroner.)
 Filed for Record this 15 day of May 1905 Louis Schneider Jr. County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.

Full Name of Deceased Lizzie Van Der Ha
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Female Color White Age 23 Years Months _____ Days _____
 Place of Birth Cook County Illinois (State or Country) Lived in Illinois 23 Years.
 Occupation Farm girl Single, Married, Widower or Widow.
 Died on the 19 day of March 1905, at about 2:15 P. M.
 Place of Death Illinois Eastern Hospital for Insane Hospital Illinois
 (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Chicago Ill Date of Burial Shipped Mar 21 1905
 (Cemetery.)
 Name of Undertaker David Lacey Address Kankakee Ill

Immediate Cause of Death _____
Pulmonary Tuberculosis
 Contributory Cause or Complication _____
Primary Dementia

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 20 day } (Signature) Claude F. Shronts M.D.
 of March 1905 } Address Hospital Illinois
 (Physician, Midwife or Coroner.)
 Filed for Record this 15 day of May 1905 Louis Schneider Jr. County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
	4		

Full Name of Deceased Catherine Elizabeth Payne
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Female Color White Age 37 Years Months _____ Days _____
 Place of Birth Illinois (State or Country) Lived in Illinois 37 Years.
 Occupation House work Single, Married, Widower or Widow.
 Died on the 28 day of March 1905, at about 6:35 P. M.
 Place of Death Illinois Eastern Hospital for Insane Hospital Ill
 (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Chicago Illinois Date of Burial March 31 1905
 (Cemetery.)
 Name of Undertaker Patrick McInerney Address 750 N 43rd St Chicago Ill.

Immediate Cause of Death _____
Pulmonary Tuberculosis
 Contributory Cause or Complication _____
Primary Dementia

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 29 day } (Signature) Claude F. Shronts M.D.
 of March 1905 } Address Hospital Illinois
 (Physician, Midwife or Coroner.)
 Filed for Record this 15 day of May 1905 Louis Schneider Jr. County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
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