

RECORD OF CERTIFICATES OF DEATH.

269

Full Name of Deceased *Mrs Peter Letting*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *78* Years *6* Months _____ Days _____
 Lived in Illinois *38* Years.
 Place of Birth *Holstein Germany* (State or Country).
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *21* day of *March* 19*05*, at about *7 P.* M.
 Place of Death *383 Indiana ave Kankakee* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Mound Grove* (Cemetery.) Date of Burial *Mar 7th 05.*
 Name of Undertaker *Speicher* Address *Kankakee.*

Immediate Cause of Death *Myocarditis*
 Contributory Cause or Complication *Senility*

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 *4* day } (Signature) *J. A. Brown*
 of *Mad* 190*5* } Address *Kankakee*
 (Physician, Midwife or Coroner.)
 Filed for Record this *15* day of *May* 190*5* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Donald Sinclair*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *61* Years _____ Months _____ Days _____
 Lived in Illinois *18* Years.
 Place of Birth *Scotland* (State or Country).
 Occupation *Contractor* Single, Married, Widower or Widow.
 Died on the _____ day of _____ 190*4*, at about *6:30 A.* M.
 Place of Death *Kankakee Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Kankakee Mound Grove* (Cemetery.) Date of Burial _____
 Name of Undertaker *D. Larry* Address *Kankakee*

Immediate Cause of Death *Bright Disease*
 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 *16* day } (Signature) *J. A. Brown*
 of *Jaw* 190*5* } Address *Kankakee Ill.*
 (Physician, Midwife or Coroner.)
 Filed for Record this *15* day of *May* 190*5* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Joseph Weber*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *20* Years _____ Months _____ Days _____
 Lived in Illinois *20* Years.
 Place of Birth *Adell Livingston Ia.* (State or Country).
 Occupation *Farmers* Single, Married, Widower or Widow.
 Died on the *24th* day of *March* 190*5*, at about *12* M.
 Place of Death *Hospital Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Loda Ill.* (Cemetery.) Date of Burial *March 26th 1905*
 Name of Undertaker *David Larry* Address *186 Merchant St Kankakee*

Immediate Cause of Death *Exhaustion following an attack of acute mania*
 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 *31st* day } (Signature) *Louis E. Fennell*
 of *March* 190*5* } Address *220 Schuyler Ave Kankakee*
 (Physician, Midwife or Coroner.)
 Filed for Record this *15* day of *May* 190*5* *Louis Schneider Jr.* County Clerk.