

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Nicholas Dahm*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *70* Years *2* Months *24* Days
 Place of Birth *Germany* (State or Country) Lived in Illinois *37* Years.
 Occupation *Farmer* Single, Married, Widower or Widow.
 Died on the *20th* day of *March* 1905, at about *6⁰⁰* P. M.
 Place of Death *Otto Township* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Kankakee, Ill.* (Cemetery) Date of Burial *Mar. 23rd 05.*
 Name of Undertaker *Spuecher Bros* Address *Kankakee*
 Immediate Cause of Death *apoplexy cerebral*
 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 *26* day } (Signature) *J. R. Walker M.D.*
 of *March* 1905 } Address *Chicago* (Physician, Midwife or Coroner.)
 Filed for Record this *15* day of *May* 1905 *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
	<i>2</i>	<i>24</i>	

Full Name of Deceased *William A. Benshaw*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *White* Age *23* Years Months Days
 Place of Birth *Ohio* (State or Country) Lived in Illinois *22 1/2* Years.
 Occupation *Farmer* Single, Married, Widower or Widow.
 Died on the *19th* day of *March* 1905, at about *5 A* M.
 Place of Death *Hospital Ill. Kankakee* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Grand Grove Cemetery Kankakee* (Cemetery) Date of Burial *March 21st 1905*
 Name of Undertaker *David Lantry* Address *186 Merchant*
 Immediate Cause of Death *Suicide by hanging*
 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 *31st* day } (Signature) *Louis C. Fenwick*
 of *March* 1905 } Address *Schurley Ave.* (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 *Sarah Ann Taylor*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *F.* Color *W.* Age *52* Years *3* Months *19* Days
 Place of Birth *Rockville* (State or Country) Lived in Illinois *Ill. Pinu* Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *21* day of *March* 1905, at about *10³⁰* A. M.
 Place of Death *Atter Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Blairfield* (Cemetery) Date of Burial *Tuesday Mar. 28, 05*
 Name of Undertaker *White J.* Address *Hillington*
 Immediate Cause of Death *Pneumonia*
 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 *25* day } (Signature) *Chas. G. Armstrong*
 of *March* 1905 } Address *Kankakee, Ill.* (Physician, Midwife or Coroner.)
 Filed for Record this *3rd* day of *June* 1905 *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
		<i>9</i>	