

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased

Ester Thayer

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *F* Color *W.* Age *8* Years *8* Months *20* Days
 Place of Birth *Hanftake County Ill* Lived in Illinois *Life* Years.
 Occupation *School girl* Single, Married, Widower or Widow.
 Died on the *27* day of *Oct* 190*3*, at about *5 A.* M.
 Place of Death *Mornene City*
 (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Int. Ave* Date of Burial *Oct 27 03*
 (Cemetery)
 Name of Undertaker *Kalkins* Address

Immediate Cause of Death *Pseudo Membranous*
Laryngitis
 Contributory Cause or Complication

| DURATION. | | | |
|-----------|---------|----------|--------|
| Years. | Months. | Days. | Hours. |
| | | <i>3</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 *31* day of *Oct* 190*3* (Signature) *A. S. Burt M.D.*
 (Physician, Midwife or Coroner.)
 of *Oct* 190*3* Address *Mornene Ill*
Louis Schmalz County Clerk.
 Filed for Record this *27* day of *Nov* 190*3*

Full Name of Deceased

Perry Edward Visher

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M* Color *W.* Age *1* Years Months *22* Days
 Place of Birth *Arona Twp Hanftake Co* Lived in Illinois *1* Years.
 Occupation *None* Single, Married, Widower or Widow.
 Died on the *1* day of *Nov* 190*3*, at about *9 30 P.* M.
 Place of Death *Arona Twp*
 (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Arona Cemetery* Date of Burial *Nov 3 03*
 (Cemetery)
 Name of Undertaker Address

Immediate Cause of Death *Pneumonia*
 Contributory Cause or Complication *Measles*

| DURATION. | | | |
|-----------|---------|----------|--------|
| Years. | Months. | Days. | Hours. |
| | | <i>2</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 *2* day of *Nov* 190*3* (Signature) *S. A. Wootall*
 (Physician, Midwife or Coroner.)
 of *Nov* 190*3* Address *Waldron Ill*
Louis Schmalz County Clerk.
 Filed for Record this *27* day of *Nov* 190*3*

Full Name of Deceased

Reuben Putman

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M* Color *W* Age *61* Years Months *3* Days
 Place of Birth *Otto Twp.* Lived in Illinois Years.
 Occupation *None* Single, Married, Widower or Widow.
 Died on the *17* day of *Oct* 190*3*, at about *10 25 A.* M.
 Place of Death *Otto*
 (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial (Cemetery.) Date of Burial
 Name of Undertaker Address

Immediate Cause of Death *Cholera Infantum*
 Contributory Cause or Complication

| DURATION. | | | |
|-----------|---------|----------|-----------|
| Years. | Months. | Days. | Hours. |
| | | <i>2</i> | <i>12</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 *19* day of *Oct* 190*3* (Signature) *S. A. Wootall*
 (Physician, Midwife or Coroner.)
 of *Oct* 190*3* Address *Waldron Ill*
Louis Schmalz County Clerk.
 Filed for Record this *27* day of *Nov* 190*3*