

Full Name of Deceased *Lillian Kahler*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *31* Years Months _____ Days _____
 Place of Birth *America* (State or Country.) Lived in Illinois *Not stated* Years.
 Occupation *black* Single, Married, Widower or Widow.
 Died on the *9* day of *April* 1905, at about *10:40 A. M.*
 Place of Death *Illinois Eastern Hospital for Insane, Hospital, Ill.*
 Place of Burial *Carrollton Illinois* (Township, Village or City, If in City, number of Street and Ward.) Date of Burial _____
 Name of Undertaker *David Lacey* Address *Kankakee, Illinois*
 Immediate Cause of Death _____
 Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.
6			

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 *9* day of *April* 1905 (Signature) *Claude F. Shronts* (Physician, Midwife or Coroner.)
 of _____ Address *Hospital, Illinois*
 Filed for Record this *3* day of *June* 1905 *Louis Schneider, Jr.* County Clerk.

Full Name of Deceased *Josie Gashinski*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *39* Years Months _____ Days _____
 Place of Birth *Germany* (State or Country.) Lived in Illinois *Not stated* Years.
 Occupation *House Wife* Single, Married, Widower or Widow.
 Died on the *5* day of *April* 1905, at about *8:35 A. M.*
 Place of Death *Illinois Eastern Hospital for Insane, Hospital, Ill.*
 Place of Burial *Polish Cemetery, Chicago, Ill.* (Township, Village or City, If in City, number of Street and Ward.) Date of Burial *April 7 1905.*
 Name of Undertaker *H. Schaffrath* Address *3117 Hall St Chicago, Ill.*
 Immediate Cause of Death _____
 Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.
		14	

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 *5* day of *April* 1905 (Signature) *Claude F. Shronts, M.D.* (Physician, Midwife or Coroner.)
 of _____ Address *Hospital, Illinois*
 Filed for Record this *3* day of *June* 1905 *Louis Schneider, Jr.* County Clerk.

Full Name of Deceased *Catherine Volz*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *46* Years Months _____ Days _____
 Place of Birth *Germany* (State or Country.) Lived in Illinois *Not stated* Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *12* day of *April* 1905, at about *8:05 A.M.*
 Place of Death *Illinois Eastern Hospital for Insane, Hospital, Ill.*
 Place of Burial *Hospital, Carrollton, Ill.* (Township, Village or City, If in City, number of Street and Ward.) Date of Burial _____
 Name of Undertaker *Hospital, Illinois* Address *Hospital, Ill.*
 Immediate Cause of Death _____
 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 *12* day of *April* 1905 (Signature) *Claude F. Shronts, M.D.* (Physician, Midwife or Coroner.)
 of _____ Address *Hospital, Illinois*
 Filed for Record this *9* day of *June* 1905 *Louis Schneider, Jr.* County Clerk.