

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Thomas B. Morrow*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *72* Years Months _____ Days _____
 Place of Birth *Ohio* (State or Country) Lived in Illinois *55* Years
 Occupation *none previously a farmer* Single, Married, Widower or Widow _____
 Died on the *12* day of *April* 1905, at about *2:20 a.* M.
 Place of Death *Ill Eastern Hospital for Insane Hospital, Ill.*
 Place of Burial *Vermont Illinois* (Cemetery) Date of Burial *April, 14, 1905*
 Name of Undertaker *David Darcy* Address *Kankakee Ill.*

Immediate Cause of Death *exhaustion from semile
dementia*
 Contributory Cause or Complication *Chronic nephritic*

DURATION.			
Years.	Months.	Days.	Hours.
		<i>12</i>	
<i>?</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 *12* day of *April* 1905 (Signature) *Arthur C. Williams*
 of _____ Address *Hospital, Ill.* (Physician, Midwife or Coroner.)
 Filed for Record this *3* day of *June* 1905 *Louis Schneider Jr* County Clerk.

Full Name of Deceased *Susie D. Swan*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *38* Years Months *3* Days *26*
 Place of Birth *Illinois* (State or Country) Lived in Illinois *38* Years
 Occupation *Housekeeper* Single, Married, Widower or Widow _____
 Died on the *30* day of *April* 1905, at about *4 a.* M.
 Place of Death *Waldron* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Waldron* (Cemetery) Date of Burial *May 2, 1905*
 Name of Undertaker *Spicher Bros* Address *Kankakee*

Immediate Cause of Death *Tuberculosis of Kidney*
 Contributory Cause or Complication *One kidney removed Jan 22
1905*

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 *5th* day of *May* 1905 (Signature) *S. A. Marshall M.D.*
 of _____ Address *Waldron, Ill.* (Physician, Midwife or Coroner.)
 Filed for Record this *3* day of *June* 1905 *Louis Schneider Jr* County Clerk.

Full Name of Deceased *Emile Brown*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *22* Years Months *11* Days *18*
 Place of Birth *Illinois* (State or Country) Lived in Illinois *Whole life* Years
 Occupation *Telegraph operator* Single, Married, Widower or Widow _____
 Died on the *15th* day of *May* 1905, at about *4 P.* M.
 Place of Death *Rockwell Township* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Manteno* (Cemetery) Date of Burial *May 17th 1905*
 Name of Undertaker *G. E. Marceau* Address *Manteno, Ill*

Immediate Cause of Death *Tuberculosis*
 Contributory Cause or Complication *Exhaustion*

DURATION.			
Years.	Months.	Days.	Hours.
	<i>15</i>	<i>about</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 *10th* day of *June* 1905 (Signature) *J. M. Kubic M.D.*
 of _____ Address *Manteno, Ill* (Physician, Midwife or Coroner.)
 Filed for Record this *10* day of *July* 1905 *Louis Schneider Jr* County Clerk.