

Full Name of Deceased *Lucy Chumbola*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *white* Age *1* Years *1* Months *10* Days
 Place of Birth *Momence, Ill* (State or Country) Lived in Illinois *Life* Years.
 Occupation *Single, Married, Widower or Widow.*
 Died on the *10* day of *May* 1905, at about *2* A. M.
 Place of Death *Momence, Ill* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Momence, Ill* (Cemetery) Date of Burial
 Name of Undertaker *Nelby & Halpin* Address *Momence, Ill*

Immediate Cause of Death *Convolutions*
 Contributory Cause or Complication *Grandification*

DURATION.			
Years	Months	Days	Hours
			<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 *1* day (Signature) *A. S. Burtb M.D.*
 of *June* 1905 Address *Momence, Ill*
 (Physician, Midwife or Coroner.)
 Filed for Record this *10* day of *July* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Josephine LaBlare*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *white* Age *46* Years Months Days
 Place of Birth *Illinois* (State or Country) Lived in Illinois *Life* Years.
 Occupation *Had none* *Single, Married, Widower or Widow.*
 Died on the *9* day of *May* 1905, at about *5:30 P.M.*
 Place of Death *Chicago, Ill* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Chicago, Ill St. George* (Cemetery) Date of Burial *May 11-05*
 Name of Undertaker Address

Immediate Cause of Death *Epilepsy*
 Contributory Cause or Complication

DURATION.			
Years	Months	Days	Hours
			<i>30</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 *1* day (Signature) *A. S. Burtb M.D.*
 of *June* 1905 Address *Momence, Ill*
 (Physician, Midwife or Coroner.)
 Filed for Record this *10* day of *July* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Ellie B. Smith*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *white* Age *60* Years *8* Months *27* Days
 Place of Birth *Kalamazoo, Mich* (State or Country) Lived in Illinois *57* Years.
 Occupation *Housewife* *Single, Married, Widower or Widow.*
 Died on the *23* day of *May* 1905, at about *1:30 A. M.*
 Place of Death *106 North 4th Kankakee, Ill* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Quater Field* (Cemetery) Date of Burial *May 27-05*
 Name of Undertaker *David Lavery* Address *Kankakee, Ill*

Immediate Cause of Death *Pulmonary Oedema*
 Contributory Cause or Complication *Chronic Phthisis*

DURATION.			
Years	Months	Days	Hours
			<i>7</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 *3* day (Signature) *A. S. Esblough M.D.*
 of *June* 1905 Address *Kankakee, Ill*
 (Physician, Midwife or Coroner.)
 Filed for Record this *10* day of *July* 1905 County Clerk.