

RECORD OF CERTIFICATES OF DEATH.

307

Full Name of Deceased *Fredrick Fohrman*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *white* Age *52* Years Months _____ Days _____

Place of Birth *Prussia* (State or Country) Lived in Illinois *26* Years

Occupation *Labourer* Single, Married, Widower or Widow _____

Died on the *20* day of *June* 1905, at about *1* A. M.

Place of Death *Bradley Ill* (Township, Village or City, if in City, number of Street and Ward.)

Place of Burial *Chetansk (Cemetery) Inguois 100* Date of Burial *June 22nd '05*

Name of Undertaker *D. Lavery* Address *Kankakee*

Immediate Cause of Death *Carcinoma of Stomach*

DURATION.			
Years	Months	Days	Hours

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 *22nd* day of *June* 1905 (Signature) *J. M. Brown* (Physician, Master of Coronor.) Address *Kankakee, Ill.*

Filed for Record this *24th* day of *Aug* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Ira Cook*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M* Color *W* Age *76* Years Months _____ Days _____

Place of Birth *U.S.* (State or Country) Lived in Illinois _____ Years

Occupation *Farmer* Single, Married, Widower or Widow _____

Died on the *2nd* day of *June* 1905, at about _____ P. M.

Place of Death *Illinois Eastern Hospital* (Township, Village or City, if in City, number of Street and Ward.)

Place of Burial *Spennell, Ill* (Cemetery) Date of Burial _____

Name of Undertaker *David Lavery* Address *Kankakee*

Immediate Cause of Death *General Hemorrhage*

DURATION.			
Years	Months	Days	Hours

Contributory Cause or Complication *Organic Heart Lesion*

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 *4th* day of *June* 1905 (Signature) *Howard S. Garbus* (Physician, Master of Coronor.) Address *Hospital, Ill.*

Filed for Record this *4th* day of *August* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Peter Thibault*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M* Color *W* Age *74* Years Months _____ Days _____

Place of Birth *Canada* (State or Country) Lived in Illinois *42* Years

Occupation *Labourer* Single, Married, Widower or Widow _____

Died on the *28* day of *June* 1905, at about *5:09* A. M.

Place of Death *Ill Eastern Hospital* (Township, Village or City, if in City, number of Street and Ward.)

Place of Burial *Kankakee (Cemetery)* Date of Burial *July 1, 1905*

Name of Undertaker *D. Lavery* Address *Kankakee*

Immediate Cause of Death *Carcinoma of Stomach*

DURATION.			
Years	Months	Days	Hours

Contributory Cause or Complication *Exhaustion*

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 *1st* day of *July* 1905 (Signature) *Howard S. Garbus* (Physician, Master of Coronor.) Address *Hospital, Ill.*

Filed for Record this *4th* day of *August* 1905 *Louis Schneider Jr.* County Clerk.