

RECORD OF CERTIFICATES OF DEATH.

309

Full Name of Deceased H. J. Descombe
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex M. Color W Age 43 Years Months _____ Days _____
 Place of Birth U.S. Wisconsin (State or Country.) Lived in Illinois 10 Years _____
 Occupation Salisman Single, Married, Widower or Widow _____
 Died on the 19th day of June 1905, at about 4:33 P.M.
 Place of Death Illinois Eastern Hospital (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Crowland Cemetery Chicago (Cemetery.) Date of Burial June 22 - 1905
 Name of Undertaker David Lantry Address Fantabee
 Immediate Cause of Death General Paralysis of Insane
 Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.
	7		

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 21st day } (Signature) Howard L. Loobus
 of June 1905 } Address Hospital, Ill
 Filed for Record this 4th day of August 1905 Louis Schneider County Clerk.

Full Name of Deceased Unknown male infant
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex male Color white Age _____ Years _____ Months _____ Days _____
 Place of Birth _____ (State or Country.) Lived in Illinois _____ Years _____
 Occupation _____ Single, Married, Widower or Widow _____
 Died on the _____ day of _____ 1905, at about _____ M.
 Place of Death Fantabee (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Fantabee (Cemetery.) Date of Burial May 3 - 05
 Name of Undertaker David Lantry Address 186 McShont St
 Immediate Cause of Death unknown cause
 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 _____ day } (Signature) Louis G. Fenouille
 of _____ 1905 } Address 220 Schuyler
 Filed for Record this 4th day of August 1905 Louis Schneider Jr. County Clerk.

Full Name of Deceased Unknown man
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color white Age about 50 Years _____ Months _____ Days _____
 Place of Birth _____ (State or Country.) Lived in Illinois _____ Years _____
 Occupation _____ Single, Married, Widower or Widow _____
 Died on the 13th day of June 1905, at about 8 A.M.
 Place of Death Moonance (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Moonance (Cemetery.) Date of Burial June 15th 1905
 Name of Undertaker Melby & Halpin Address Moonance, 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 _____ day } (Signature) Louis G. Fenouille
 of _____ 1905 } Address 220 Schuyler St
 Filed for Record this 4th day of August 1905 Louis Schneider Jr. County Clerk.