

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Gerardine Reister*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *female* Color *white* Age *48* Years Months Days
Place of Birth *Norway* (State or Country) Lived in Illinois Years
Occupation *Housewife* Single, Married, Widower or Widow.
Died on the *11* day of *June* 190*5*, at about *7:25* A. M.
Place of Death *Illinois Eastern Hospital for Insane Hospital, Ill.*
Place of Burial *Joliet, Ill. Oakwood Cemetery* Date of Burial *Body shipped June 12.*
Name of Undertaker *H. A. Johnson* Address *Joliet, Ill.*

Immediate Cause of Death *Pulmonary Tuberculosis*
Contributory Cause or Complication *Paranoia*
DURATION: Years Months Days Hours
10

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 *11* day of *June* 190*5* (Signature) *Charles F. Shronts*
of *Hospital, Ill.* Address: *Hospital, Ill.* (Physician, Midwife or Coroner.)
Filed for Record this *4th* day of *August* 190*5* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Lidia Nichols*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *female* Color *white* Age *56* Years Months Days
Place of Birth *Illinois* (State or Country) Lived in Illinois *not stated* Years.
Occupation *School teacher* Single, Married, Widower or Widow.
Died on the *6* day of *June* 190*5*, at about *12:45* A. M.
Place of Death *Illinois Eastern Hospital for Insane Hospital, Ill.*
Place of Burial *Neoga, Illinois* Date of Burial
Name of Undertaker *Myers & Davis* Address *Farmhakee, Ill.*

Immediate Cause of Death *Pulmonary Tuberculosis*
Contributory Cause or Complication *Constitutional Insanity*
DURATION: Years Months Days Hours
9 0

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 *6* day of *June* 190*5* (Signature) *Charles F. Shronts M.D.*
of *Hospital Illinois* Address: *Hospital Illinois* (Physician, Midwife or Coroner.)
Filed for Record this *4th* day of *August* 190*5* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Suzanna Shagle*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *female* Color *white* Age *79* Years Months *10* Days
Place of Birth *Ontario Canada* (State or Country) Lived in Illinois *23* Years.
Occupation *Housewife* Single, Married, Widower or Widow.
Died on the *19th* day of *June* 190*5*, at about *3:00* P. M.
Place of Death *192 Chicago Ave Farmhakee, 6th ward*
Place of Burial *Mound, Grand Barr* Date of Burial *22nd June*
Name of Undertaker *A. F. Myers* Address *Farmhakee*

Immediate Cause of Death *Hemorrhagic Apoplexy with jaundice and dementia*
Contributory Cause or Complication *Nephritis & Cystitis banna*
DURATION: Years Months Days Hours
2 4

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 *2nd* day of *July* 190*5* (Signature) *Charles Shroy*
of *Farmhakee, Ill.* Address: *Farmhakee, Ill.* (Physician, Midwife or Coroner.)
Filed for Record this *4th* day of *August* 190*5* *Louis Schneider Jr.* County Clerk.