

Full Name of Deceased Lawrence Delos Bartlett
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex M Color W Age 22 Years Months 22 Days
 Place of Birth Pilot Herscher P O (State or Country) Lived in Illinois Years
 Occupation Single, Married, Widower or Widow.
 Died on the 1st day of Oct 1903, at about 6 A M.
 Place of Death Pilot Township Herscher P O (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial Eldridgeville Cemetery (Cemetery) Date of Burial Oct 3, 03
 Name of Undertaker Fatterly & Slater Address Herscher Ill
 Immediate Cause of Death Congenital malformation of Internal Organs
 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 3 day (Signature) F. E. Van Doren M. D. (Physician, Midwife or Coroner.)
 of Oct 1903 Address Herscher Ill
 Filed for Record this 27 day of Nov 1903 Louis Schindler County Clerk.

DURATION.			
Years	Months	Days	Hours
		<u>22</u>	

Full Name of Deceased James Bartlett
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex M Color W Age 70 Years Months 6 Days
 Place of Birth Syrma N.Y. (State or Country) Lived in Illinois 59 Years
 Occupation Farmed Single, Married, Widower or Widow.
 Died on the 27 day of Sept 1903, at about 2:30 p. M.
 Place of Death Home near Grant Park Ill (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial Union Corners Cemetery (Cemetery) Date of Burial Sept 29th 1903
 Name of Undertaker Albert G. Pathfuer Address Grant Park Ill
 Immediate Cause of Death Disease of heart or Heart failure
 Contributory Cause or Complication None
 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 30 day (Signature) S. W. Van Horns (Physician, Midwife or Coroner.)
 of Sept 1903 Address Grant Park Ill
 Filed for Record this 27 day of Nov 1903 Louis Schindler County Clerk.

DURATION.			
Years	Months	Days	Hours
	<u>One</u>		

Full Name of Deceased Johannie D. Burling
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex M Color W Age Years Months 3 Days
 Place of Birth Otto Township (State or Country) Lived in Illinois 3 Years
 Occupation None Single, Married, Widower or Widow.
 Died on the 20th day of October 1903, at about 9 P. M.
 Place of Death Otto Township (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial Chabaux (Cemetery) Date of Burial October 22nd 1903
 Name of Undertaker Jules Broclet Address Chabaux Ill
 Immediate Cause of Death Premature birth from accidental rupture of membranes
 Contributory Cause or Complication No facilities for coming for it
 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 29 day (Signature) S. R. Walker (Physician, Midwife or Coroner.)
 of Oct 1903 Address Chabaux Ill
 Filed for Record this 27 day of Nov 1903 Louis Schindler County Clerk.

DURATION.			
Years	Months	Days	Hours
		<u>3</u>	