

RECORD OF CERTIFICATES OF DEATH.

343

Full Name of Deceased *Antoine Delongchamp*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *89* Years Months *11* Days *16*

Place of Birth *St Jerome, Que., Canada* (State or Country.) Lived in Illinois *56* Years.

Occupation *Retired Farmer* Single, Married, Widower or Widow.

Died on the *25* day of *August* 1905, at about *5:30 P. M.*

Place of Death *Bourbonnais Village* (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial *Maternity, Bourbonnais* (Cemetery.) Date of Burial *August 27, 1905*

Name of Undertaker *David Lavery* Address *Kankakee, Ill.*

Immediate Cause of Death *Senile Debility*

Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.
1			

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) *W. J. Mores M. D.*
of _____ 1905 } (Physician, Midwife or Coroner.)
Address *Bourbonnais, Ill.*

Filed for Record this *31* day of *October* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Armenie Remilliaud*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *white* Age *40* Years Months *8* Days *18*

Place of Birth *Ill.* (State or Country.) Lived in Illinois *whole life* Years.

Occupation *Housewife* Single, Married, Widower or Widow.

Died on the *19th* day of *September* 1905, at about *1 P. M.*

Place of Death *Manteno Sp.* (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial *St George* (Cemetery.) Date of Burial *Sept 21st, 1905*

Name of Undertaker *J. E. Marceau* Address *Manteno, Ill.*

Immediate Cause of Death *Apoplexy*

Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.
		6	

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 *27th* day } (Signature) *Wm Gulick M. D.*
of *Sept* 1905 } (Physician, Midwife or Coroner.)
Address *Manteno, Ill.*

Filed for Record this *31* day of *October* 1905 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Irene Langlois*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *female* Color *white* Age _____ Years Months *4* Days _____

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

Occupation _____ Single, Married, Widower or Widow.

Died on the _____ day of *Sept* 1905, at about *6 A. M.*

Place of Death *1 Kankakee, Ill.* (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial *Kankakee* (Cemetery.) Date of Burial *Sept 8, 1905*

Name of Undertaker *David Lavery* Address *Kankakee, Ill.*

Immediate Cause of Death *Cholera Infantum*

Contributory Cause or Complication _____

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 *21st* day } (Signature) *T. C. Hamelton*
of *Sept* 1905 } (Physician, Midwife or Coroner.)
Address *Kankakee, Ill. 204 Kent St.*

Filed for Record this *31* day of *October* 1905 *Louis Schneider Jr.* County Clerk.