

DEATH.

Days
22 Years.
Widower or Widow.
19. M.

th 1905.
Ill.

Hours.

named and

th Ill.

County Clerk.

Full Name of Deceased *Mad. Antonio Lagase*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color _____ Age *72* Years _____ Months _____ Days _____
 Place of Birth *Canada* (State or Country) Lived in Illinois *55* Years _____
 Occupation *Housewife* Single, Married, Widower or Widow _____
 Died on the *21st* day of *Nov.* 190*5*, at about *19* M.
 Place of Death *Bourbonnais* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Bourbonnais* (Cemetery) Date of Burial _____
 Name of Undertaker *Joe Lawrence* Address *Bourbonnais Ill.*
 Immediate Cause of Death *Pneumonia*
 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 *16th* day } (Signature) *E. D. Bergeron*
 of *December* 190*5* } Address *Nankakee*
 Filed for Record this *26* day of *January* 190*6* *Louis Schneider Jr.* County Clerk.

DEATH.

Days
Life Years.
Widower or Widow.
30 P.M.

th

Hours.

named and

County Clerk.

Full Name of Deceased *Gertrude Behrends*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color _____ Age *94* Years _____ Months *9* Days _____
 Place of Birth *Germany* (State or Country) Lived in Illinois _____ Years _____
 Occupation *Housekeeper* Single, Married, Widower or Widow _____
 Died on the *30* day of *Nov.* 190*5*, at about *5 A.* M.
 Place of Death *Genear Sp.* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Nankakee* (Cemetery) Date of Burial *Dec 2-05*
 Name of Undertaker *Speicher Bros.* Address *Nankakee, Ill.*
 Immediate Cause of Death *Bronchitis*
 Contributory Cause or Complication *Old age*
 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 *8th* day } (Signature) *A. S. Burt M.D.*
 of *8* 190*5* } Address *Morocco, Ill.*
 Filed for Record this *26* day of *January* 190*6* *Louis Schneider Jr.* County Clerk.

DEATH.

Days
8 Years.
Widower or Widow.
29 M.

th 1905.
Ill.

Hours.

named and

Ill.

County Clerk.

Full Name of Deceased *Edward Lynde*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color _____ Age *24* Years _____ Months *5* Days _____
 Place of Birth *Ill.* (State or Country) Lived in Illinois *Lifetime* Years _____
 Occupation *Laborer* Single, Married, Widower or Widow _____
 Died on the *14* day of *Nov.* 190*5*, at about *3 A.* M.
 Place of Death *Genear Sp. Ill.* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Shronts Cemetery* (Cemetery) Date of Burial *Nov 16 05*
 Name of Undertaker *Mally & Halpin* Address *Morocco, Ill.*
 Immediate Cause of Death *Pulmonary Tuberculosis*
 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 *8* day } (Signature) *A. S. Burt M.D.*
 of *Dec* 190*5* } Address *Morocco, Ill.*
 Filed for Record this *26* day of *January* 190*6* *Louis Schneider Jr.* County Clerk.