

RECORD OF CERTIFICATES OF DEATH.

371

Fred Blanchett
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Full Name of Deceased: *Fred Blanchett*

Sex: *Male* Color: *white* Age: *27* Years Months: _____ Days: _____

Place of Birth: *Kankakee Ill.* (State or Country) Lived in Illinois: *27* Years

Occupation: *Labourer* Single, Married, Widower or Widow: _____

Died on the: *5th* day of *Nov.* 1905, at about *5 A. M.*

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

Place of Burial: *Kankakee* (Cemetery) Date of Burial: *Nov. 7 1905*

Name of Undertaker: *Spichner Bros* Address: *Kankakee Ill.*

Immediate Cause of Death: *Pneumonia*

DURATION			
Years	Months	Days	Hours
		<i>10</i>	

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 *17* day of *Nov.* 1905 (Signature) *F. B. Hamilton* (Physician, Midwife or Coroner)

of *Nov.* 1905 Address: *204 Court St. Kankakee*

Filed for Record this *26* day of *January* 1906 *Louis Schneider Jr.* County Clerk.

Thomas Troy
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Full Name of Deceased: *Thomas Troy*

Sex: *Male* Color: *white* Age: *52* Years Months: _____ Days: _____

Place of Birth: *N. Y. State* (State or Country) Lived in Illinois: _____ Years

Occupation: *Newspaper writer* Single, Married, Widower or Widow: _____

Died on the: *17th* day of *Nov.* 1905, at about *8:29 P. M.*

Place of Death: *Ill. East Hoop for Insane* (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial: *Hospital Ill.* (Cemetery) Date of Burial: *Nov. 20 1905*

Name of Undertaker: *Hospital authorities* Address: *Hospital Ill.*

Immediate Cause of Death: *Perforation bowel*

DURATION			
Years	Months	Days	Hours
			<i>about 6 weeks</i>

Contributory Cause or Complication: *Typhoid Fever*

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 *20th* day of *Nov.* 1905 (Signature) *O. A. Hill* (Physician, Midwife or Coroner)

of *Nov.* 1905 Address: *Hospital Ill.*

Filed for Record this *26* day of *January* 1906 *Louis Schneider Jr.* County Clerk.

James McPherson
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Full Name of Deceased: *James McPherson*

Sex: *Male* Color: *white* Age: *74* Years Months: _____ Days: _____

Place of Birth: *American* (State or Country) Lived in Illinois: _____ Years

Occupation: *None* Single, Married, Widower or Widow: _____

Died on the: *9th* day of *Nov.* 1905, at about *11:30 A. M.*

Place of Death: *Ill. East Hoop for Insane* (Township, Village or City. If in City, number of Street and Ward.)

Place of Burial: *Joliet Ill.* (Cemetery) Date of Burial: *Nov. 16th 1905*

Name of Undertaker: *J. D. Larroy* Address: *Kankakee Ill.*

Immediate Cause of Death: *Chronic Interstitial Neph.*

DURATION			
Years	Months	Days	Hours

Contributory Cause or Complication: *Arterio Sclerosis*

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 *9th* day of *Nov.* 1905 (Signature) *O. A. Hill* (Physician, Midwife or Coroner)

of *Nov.* 1905 Address: *Hospital Ill.*

Filed for Record this *26* day of *January* 1906 *Louis Schneider Jr.* County Clerk.