

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Phillip B. Shaffer*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *40* Years Months Days
Place of Birth *Ill.* (State or Country) Lived in Illinois Years.
Occupation *None* Single, Married, Widower or Widow.
Died on the *9th* day of *Nov.* 1905, at about *1:40* A. M.
Place of Death *Ill. East Loop for Insane, Kankakee Ill.*
(Township, Village or City. If in City, number of Street and Ward.)
Place of Burial *Chicago Ill.* (Cemetery) Date of Burial
Name of Undertaker *D. Larray* Address

Immediate Cause of Death *Gen. Paralysis of Insane*
Contributory Cause or Complication
DURATION:
Years Months Days Hours
6 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 *9th* day of *Nov.* 1905 (Signature) *O. A. Kell* (Physician, Midwife or Coroner)
of *Hospital, Ill.* Address
Filed for Record this *26* day of *January* 1906 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Mark Rogers*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *31* Years Months Days
Place of Birth *England* (State or Country) Lived in Illinois Years.
Occupation *Miner* Single, Married, Widower or Widow.
Died on the *11* day of *November* 1905, at about *11:20* A. M.
Place of Death *Ill. East Loop for Insane*
(Township, Village or City. If in City, number of Street and Ward.)
Place of Burial *Fairmont Ill.* (Cemetery) Date of Burial *Nov. 12th*
Name of Undertaker *D. Larray* Address *Kankakee*

Immediate Cause of Death *Exhaustion following Maniacal*
attack
Contributory Cause or Complication *Epilepsy*
DURATION:
Years Months Days Hours

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 *15th* day of *Nov.* 1905 (Signature) *O. A. Kell* (Physician, Midwife or Coroner)
of *Hospital, Ill.* Address
Filed for Record this *26* day of *January* 1906 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Louis F. Lundin*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *75* Years Months Days
Place of Birth *Sweden* (State or Country) Lived in Illinois Years.
Occupation *Blacksmith* Single, Married, Widower or Widow.
Died on the *21* day of *Nov.* 1905, at about *9:14* P. M.
Place of Death *Ill. East Loop for Insane*
(Township, Village or City. If in City, number of Street and Ward.)
Place of Burial *Chicago Ill.* (Cemetery) Date of Burial *Nov. 26 '05*
Name of Undertaker *D. Larray* Address *Kankakee*

Immediate Cause of Death *Chronic Interstitial*
Contributory Cause or Complication *Hypertrophy of Heart*
DURATION:
Years Months Days Hours

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 *22* day of *Nov.* 1905 (Signature) *O. A. Kell* (Physician, Midwife or Coroner)
of *Hospital, Ill.* Address
Filed for Record this *26* day of *January* 1906 *Louis Schneider Jr.* County Clerk.