

RECORD OF CERTIFICATES OF DEATH.

373

Full Name of Deceased *David Wallace*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *64* Years Months _____ Days _____
 Place of Birth *Indiana* (State or Country) Lived in Illinois _____ Years.
 Occupation *Retired farmer* Single, Married, Widower or Widow.
 Died on the *14th* day of *Nov.* 1905 at about *3 A. M.*
 Place of Death *Ill East Hosp for Insane* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Farmount* (Cemetery) Date of Burial *Nov. 16 '05.*
 Name of Undertaker *D. Lavery* Address *Nankakee, Ill.*

Immediate Cause of Death *Hypostatic Pneumonia*
 Contributory Cause or Complication *Dehydration 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 *14th* day of *Nov.* 1905 (Signature) *B. H. Nell*
 Address *Hospital Ill.* (Physician, Midwife or Coroner)

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

Full Name of Deceased *Not named*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age _____ Years Months _____ Days _____
 Place of Birth *Illinois Ill.* (State or Country) Lived in Illinois *9 days* Years.
 Occupation *None* Single, Married, Widower or Widow.
 Died on the *6th* day of *March* 1905 at about *5:30 A. M.*
 Place of Death *Illinois Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Levington* (Cemetery) Date of Burial *March 7th / 05.*
 Name of Undertaker *Edward Melby* Address *Momence, Ill.*

Immediate Cause of Death *Low Grapes*
 Contributory Cause or Complication *Heart failure*

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 *10th* day of *March* 1905 (Signature) *J. V. Lewis M.D.*
 Address *Momence, Ill.* (Physician, Midwife or Coroner)

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

Full Name of Deceased *Albert Tourangeau*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *2* Years *8* Months _____ Days _____
 Place of Birth *Nankakee Ill.* (State or Country) Lived in Illinois _____ Years.
 Occupation _____ Single, Married, Widower or Widow.
 Died on the *29th* day of *Dec.* 1905 at about *11 A. M.*
 Place of Death *223 - 6th Ave.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Mound Grove* (Cemetery) Date of Burial *Dec 31 - 05.*
 Name of Undertaker *David Lavery* Address *Nankakee*

Immediate Cause of Death *Pneumonia*
 Contributory Cause or Complication _____

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 *29th* day of *December* 1905 (Signature) *J. M. Fraser*
 Address *320 Schuyler Ave. Nankakee* (Physician, Midwife or Coroner)

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