

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased Georgiana G. Smiley
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Female Color White Age 54 Years 2 Months 7 Days
 Place of Birth Merrings Ohio (State or Country.) Lived in Illinois 42 Years.
 Occupation Housewife Single, Married, Widower or Widow.
 Died on the 7th day of December 1905, at about 10 P. M.
 Place of Death 21 South Schuyler Avenue Kankakee Ill. (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Mound Grove (Cemetery.) Date of Burial Dec 10th 1905.
 Name of Undertaker Myers & Daves Address Kankakee, Ill.

Immediate Cause of Death apoplexy

DURATION.			
Years.	Months.	Days.	Hours.
			12

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 12th day of December 1905 (Signature) G. F. Smith M.D. (Physician, Midwife or Coroner.)
 Address Bank Bldg Kankakee, Ill.

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

Full Name of Deceased Adam Wagner
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White Age 83 Years 11 Months 24 Days
 Place of Birth Germany (State or Country.) Lived in Illinois 57 Years.
 Occupation Farmer Single, Married, Widower or Widow.
 Died on the 22nd day of November 1905, at about 9 A. M.
 Place of Death Salina (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Zion (Cemetery.) Date of Burial Nov 25 1905.
 Name of Undertaker Frank Christ Address Bonfield

Immediate Cause of Death Chronic Interstitial Nephritis

DURATION.			
Years.	Months.	Days.	Hours.
4			

Contributory Cause or Complication Senility

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 24 day of November 1905 (Signature) Wm. Yeats M.D. (Physician, Midwife or Coroner.)
 Address Bonfield

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

Full Name of Deceased Infant of Mrs. Mrs. Ritter
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White Age _____ Years _____ Months _____ Days
 Place of Birth Yellowhead Ill. (State or Country.) Lived in Illinois _____ Years.
 Occupation _____ Single, Married, Widower or Widow.
 Died on the 25th day of October 1905, at about 11:30 A. M.
 Place of Death Yellowhead Illinois (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial German Lutheran Cemetery (Cemetery.) Date of Burial October 27 1905.
 Name of Undertaker A. Bothfuhr Address Grant Park Illinois

Immediate Cause of Death Schard respiration

DURATION.			
Years.	Months.	Days.	Hours.
			6

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 27th day of October 1905 (Signature) Hubert Wheeler (Physician, Midwife or Coroner.)
 Address Grant Park Illinois

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