

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased Catherine Hammersy
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex Female Color White Age 80 Years Months _____ Days _____
 Place of Birth _____ (State or Country) Lived in Illinois _____ Years _____
 Occupation _____ Single, Married, Widower or Widow _____
 Died on the 31 day of Jan 1906, at about 9:35 A. M.
 Place of Death Illinois Eastern Hospital (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Morris Ill. (Cemetery) Date of Burial Feb 2 - 06.
 Name of Undertaker Mc Cann + Dattler Address Morris Ill.

Immediate Cause of Death _____
Acute intestinal obstruction
 Contributory Cause or Complication _____
Manic depression insanity

DURATION.			
Years.	Months.	Days.	Hours.
		4	
	25		

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 31 day of _____ (Signature) J. Cushing Held
 of Jan 1906 Address Hospital Ill.
 Filed for Record this 21 day of Mar 1906 Louis Schneider Jr. County Clerk.

Full Name of Deceased Nancy Case
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex Female Color White Age 78 Years Months 7 Days 4
 Place of Birth Indiana (State or Country) Lived in Illinois 70 Years _____
 Occupation Housekeeper Single, Married, Widower or Widow _____
 Died on the _____ day of _____ 1906, at about _____ A. M.
 Place of Death Haldron (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Haldron (Cemetery) Date of Burial Jan 8th 1906
 Name of Undertaker David Lantry Address Hankakee, Ill.

Immediate Cause of Death _____
Pneumonia
 Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.
		12	

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 of _____ (Signature) S. A. Norstell, M.D.
 of Jan 1906 Address Haldron Ill.
 Filed for Record this 21 day of Mar 1906 Louis Schneider Jr. County Clerk.

Full Name of Deceased Sarah L Coffin
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex Female Color White Age 70 Years Months _____ Days _____
 Place of Birth _____ (State or Country) Lived in Illinois _____ Years _____
 Occupation _____ Single, Married, Widower or Widow _____
 Died on the 19 day of Jan 1906, at about 9:10 A. M.
 Place of Death Illinois Eastern Hospital (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Oakland Ill. (Cemetery) Date of Burial Jan 23 - 06
 Name of Undertaker David Lantry Address Hankakee

Immediate Cause of Death _____
Tubercular Bronchopneumonia
 Contributory Cause or Complication _____
Intestinal nephritis

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 19 day of _____ (Signature) J. Cushing Held
 of Jan 1906 Address _____
 Filed for Record this 21 day of Mar 1906 Louis Schneider Jr. County Clerk.