

# RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased Cennie Brandy  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex F Color W. Age 42 Years Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth Illinois (State or Country) Lived in Illinois 42 Years  
 Occupation Housewife Single, Married, Widower or Widow  
 Died on the 3d day of Sept 1903, at about 10 A. M.  
 Place of Death Lincoln (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Wabasha (Cemetery) Date of Burial Sept 5 1903  
 Name of Undertaker F. L. Bless Address Hanksville  
 Immediate Cause of Death Cholera  
 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 25 day of Sept 1903 (Signature) Oliver M. Cornack M.D.  
 (Physician, Midwife or Coroner) Address Herscher Ill  
 Filed for Record this 26 day of Oct 1903 Louis Schmaier Jr County Clerk.

Full Name of Deceased Arthur Brunell Uran  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex M Color W Age \_\_\_\_\_ Years \_\_\_\_\_ Months 11 Days 24  
 Place of Birth Bainbridge Ind Ill (State or Country) Lived in Illinois Lifetime Years  
 Occupation Child Single, Married, Widower or Widow  
 Died on the 26th day of Sept 1903, at about 3 A. M.  
 Place of Death Bainbridge Ind Hanksville Co Ill (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Mound Home Cemetery (Cemetery) Date of Burial Sept 28 1903  
 Name of Undertaker F. L. Bless Address Hanksville Ill  
 Immediate Cause of Death Auto infection  
 Contributory Cause or Complication Enteritis

| 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 29 day of Sept 1903 (Signature) B. F. Uran M.D.  
 (Physician, Midwife or Coroner) Address Hanksville Ill  
 Filed for Record this 26 day of Oct 1903 Louis Schmaier Jr County Clerk.

Full Name of Deceased Ralph Lock  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**

Sex M Color W Age 16 Years 7 Months 18 Days \_\_\_\_\_  
 Place of Birth Remington Ind (State or Country) Lived in Illinois 11 Years  
 Occupation None Single, Married, Widower or Widow  
 Died on the 10th day of Sept 1903, at about 11 P. M.  
 Place of Death 62 Entrance Ave Hanksville Ill (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial Mound Home Cemetery (Cemetery) Date of Burial Sept 12 1903  
 Name of Undertaker Joseph Spender Address Hanksville  
 Immediate Cause of Death Typhoid  
 Contributory Cause or Complication Ran a mile in the foot 10 days previous

| 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 12 day of Sept 1903 (Signature) C. F. Smith  
 (Physician, Midwife or Coroner) Address Bank Building Hanksville Ill  
 Filed for Record this 26 day of Oct 1903 Louis Schmaier Jr County Clerk.