

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Renie Bader*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *F* Color *W* Age *21* Years *2* Months *3* Days
Place of Birth *Bombonais Ill.* (State or Country) Lived in Illinois *21* Years.
Occupation *Housewife* Single, Married, Widower or Widow.
Died on the *22* day of *Feb* 190*6*, at about *8:30 P.M.*
Place of Death *Bradley Ill. Michigan Ave. 303.* (Township, Village or City, If in City, number of Street and Ward.)
Place of Burial *Bombonais* (Cemetery) Date of Burial *Feb. 24*
Name of Undertaker *Lawrence* Address *Bombonais*

Immediate Cause of Death *Nervous*
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 *20* day of *March* 190*6* (Signature) *Chas. A. Armstrong* (Physician, Midwife or Coroner.)
of *March* 190*6* Address *Franklin Ill.*
Filed for Record this *20* day of *April* 190*6* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Stella Van Cline*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *37* Years _____ Months _____ Days
Place of Birth *Illinois* (State or Country) Lived in Illinois *37* Years.
Occupation *Housekeeping* Single, Married, Widower or Widow.
Died on the *16* day of *May* 190*6*, at about *9:20 P.M.*
Place of Death *Illinois Eastern Hospital* (Township, Village or City, If in City, number of Street and Ward.)
Place of Burial *Hospital Ill.* (Cemetery) Date of Burial *May 19-06*
Name of Undertaker *E. P. Thomas* Address *Hoopston Ill.*

Immediate Cause of Death *Pulmonary Tuberculosis*
Contributory Cause or Complication *Parasitis*
DURATION: Years _____ Months *2* 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 *17* day of *Mar* 190*6* (Signature) *J. Cushing Held* (Physician, Midwife or Coroner.)
of *Mar* 190*6* Address *Hospital Ill.*
Filed for Record this *20* day of *April* 190*6* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Carrie Stockland*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *27* Years _____ Months _____ Days
Place of Birth *United States* (State or Country) Lived in Illinois _____ Years.
Occupation _____ Single, Married, Widower or Widow.
Died on the *23* day of *Feb* 190*6*, at about *1:20 A.M.*
Place of Death *Illinois Eastern Hospital* (Township, Village or City, If in City, number of Street and Ward.)
Place of Burial *Hospital Ill.* (Cemetery) Date of Burial *Feb 24-06.*
Name of Undertaker *Hospital Authorities* Address *Hospital Ill.*

Immediate Cause of Death *Pulmonary Tuberculosis*
Contributory Cause or Complication *Insobriety*
DURATION: Years _____ Months *3* 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 *23* day of *Feb* 190*6* (Signature) *J. Cushing Held* (Physician, Midwife or Coroner.)
of *Feb* 190*6* Address *Hospital Ill.*
Filed for Record this *20* day of *April* 190*6* *Louis Schneider Jr.* County Clerk.