

RECORD OF CERTIFICATES OF DEATH.

417

Full Name of Deceased *John Doernus*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *56* Years *3* Months *24* Days
 Place of Birth *New Jersey* (State or Country) Lived in Illinois *30* Years.
 Occupation *Pump man in R.R.* Single, Married, Widower or Widow.
 Died on the *28* day of *Feb.* 190*6*, at about *4:30* P. M.
 Place of Death *Waldron* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Waldron* (Cemetery.) Date of Burial *May 2nd. 1906.*
 Name of Undertaker *Myers & Davis* Address *Kankakee, Ill.*

Immediate Cause of Death *Paras*
 Contributory Cause or Complication *Syphalis & Rheumatism*

DURATION.			
Years.	Months.	Days.	Hours.
6			

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 } (Signature) *S. A. Horstall, M. D.*
 of *May* 190*6* } Address *Waldron Ill.*
 Filed for Record this *30* day of *Apr.* 190*6*. *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Mrs. Martha Turner*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *66* Years Months Days
 Place of Birth *Ohio* (State or Country) Lived in Illinois *54* Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *5th* day of *March* 190*6*, at about *11* A. M.
 Place of Death *Nelson Ave., Kankakee* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Monroe Grove* (Cemetery.) Date of Burial *March 7th 1906.*
 Name of Undertaker *David Sherry* Address *Kankakee*

Immediate Cause of Death *Apoplexy*
 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 *16th* day } (Signature) *O. B. Spencer, M. D.*
 of *March* 190*6* } Address *Kankakee Ill.*
 Filed for Record this *20* day of *April* 190*6*. *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Martine Brosnan*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *66* Years *0* Months *1* Days
 Place of Birth *Iubric, Ia.* (State or Country) Lived in Illinois *57* Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *13th* day of *March* 190*6*, at about *6-30* P. M.
 Place of Death *171 Chicago Ave Kankakee Ill 2nd Ward* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Monroe Grove* (Cemetery.) Date of Burial *March 15th 1906*
 Name of Undertaker *Shurwood & Dick* Address *Kankakee Ill.*

Immediate Cause of Death *Pneumonia*
 Contributory Cause or Complication

DURATION.			
Years.	Months.	Days.	Hours.
		15	

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 *19th* day } (Signature) *W. F. Smith*
 of *March* 190*6* } Address *Kankakee Ill.*
 Filed for Record this *20* day of *April* 190*6*. *Louis Schneider Jr.* County Clerk.