

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Miss Lena May Walk*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Female* Color *whit* Age *24* Years *7* Months  Days   
 Place of Birth *Illinois* (State or Country) Lived in Illinois *24* Years.  
 Occupation *Housewife* Single, Married, Widower or Widow.  
 Died on the *2nd* day of *April* 190*6*, at about *6 20* P. M.  
 Place of Death *19 Main St. Kankakee Ill.* (Township, Village or City, If in City, number of Street and Ward.)  
 Place of Burial *Yorkville Ill.* (Cemetery) Date of Burial *4/4 1906*  
 Name of Undertaker *David Lantry* Address *Kankakee Ill.*  
 Immediate Cause of Death *Anaemia and hypertensive congestion of*  
 Contributory Cause or Complication *the Lung Parturition*  
 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 *2nd* day of *April* 190*6* (Signature) *Arthur H. Bubo M.D.* (Physician, Midwife or Coroner.)  
 of *Kankakee Ill.* Address  
 Filed for Record this *23* day of *May* 190*6* *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
	<i>4</i>		
	<i>4</i>		

Full Name of Deceased *Albert Richardson Fox*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *white* Age *80* Years *9* Months  Days   
 Place of Birth *Worster Ohio* (State or Country) Lived in Illinois *26* Years.  
 Occupation *retired* Single, Married, Widower or Widow.  
 Died on the *4* day of *Nov* 190*5*, at about *6 P.* M.  
 Place of Death *160 Rosewood Ave Kankakee Ill.* (Township, Village or City, If in City, number of Street and Ward.)  
 Place of Burial *Kankakee* (Cemetery) Date of Burial  
 Name of Undertaker Address  
 Immediate Cause of Death *Fibroid Phthisis*  
 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 *8* day of *Nov* 190*5* (Signature) *J. A. Brown* (Physician, Midwife or Coroner.)  
 of *Kankakee Ill.* Address  
 Filed for Record this *23* day of *May* 190*6* *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
			<i>several years</i>

Full Name of Deceased *Mary Georgia Ervasek*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Female* Color *white* Age  Years *5* Months  Days   
 Place of Birth *Kankakee* (State or Country) Lived in Illinois *3mo* Years.  
 Occupation Single, Married, Widower or Widow.  
 Died on the *11* day of *Dec* 190*6*, at about *5-8* M.  
 Place of Death *Kankakee Ill.* (Township, Village or City, If in City, number of Street and Ward.)  
 Place of Burial *Kankakee* (Cemetery) Date of Burial  
 Name of Undertaker Address  
 Immediate Cause of Death *Pneumonia*  
 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 *14* day of *Dec* 190*6* (Signature) *J. A. Brown* (Physician, Midwife or Coroner.)  
 of *Kankakee Ill.* Address  
 Filed for Record this *23* day of *May* 190*6* *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
		<i>5</i>	