

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased Alonzo Sucky
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex Male Color White Age 57 Years Months _____ Days _____
 Place of Birth Indiana (State or Country.) Lived in Illinois no record Years _____
 Occupation Book Keeper Single, Married, Widower or Widow. _____
 Died on the 17 day of May 1906, at about 12:05 A. M.
 Place of Death Ill. East. Hosp. for Insane (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Potomac (Cemetery.) Date of Burial 18th May 1906.
 Name of Undertaker H. S. Capeland Address Potomac

Immediate Cause of Death Gen. Paralysis of Insane
 CONTRIBUTION. Years. Months. Days. Hours.
 10 3 _____ _____
 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 17 day of May 1906 (Signature) O. A. Kell (Physician, Midwife or Coroner.)
 of May 1906 Address Hospital Ill.
 Filed for Record this 19 day of June 1906 Louis Schneider Jr. County Clerk.

Full Name of Deceased Mark Ruggles
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex Male Color White Age 39 Years Months 9 Days 21
 Place of Birth Mendota Ill. (State or Country.) Lived in Illinois 36 Years _____
 Occupation Journalist Single, Married, Widower or Widow. _____
 Died on the 1 day of May 1906, at about 12:50 P. M.
 Place of Death Hospital Illinois (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Mendota Illinois (Cemetery.) Date of Burial 3rd May 1906
 Name of Undertaker David Lantry Address _____

Immediate Cause of Death Chronic Pulmonary Tuberculosis
 CONTRIBUTION. Years. Months. Days. Hours.
 2 _____ _____ _____
 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 1st day of May 1906 (Signature) Charles F. Sprink M.D. (Physician, Midwife or Coroner.)
 of May 1906 Address Hospital Illinois
 Filed for Record this 19 day of June 1906 Louis Schneider Jr. County Clerk.

Full Name of Deceased _____
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex Male Color White Age _____ Years Months 3 Days _____
 Place of Birth Bradley (State or Country.) Lived in Illinois life Years _____
 Occupation _____ Single, Married, Widower or Widow. _____
 Died on the 26th day of May 1906, at about 7 A. M.
 Place of Death Bradley Ill. (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Mount Zion (Cemetery.) Date of Burial 5-21-06
 Name of Undertaker David Lantry Address Kankakee

Immediate Cause of Death Unknown
 CONTRIBUTION. Years. Months. Days. Hours.
 _____ _____ _____ _____
 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 20th day of May 1906 (Signature) J. N. Fraser (Physician, Midwife or Coroner.)
 of May 1906 Address Kankakee Ill.
 Filed for Record this 19 day of June 1906 Louis Schneider Jr. County Clerk.