

Full Name of Deceased *Laurent Grangev*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *White* Age *✓* Years *✓* Months *✓* Days *5 hours*  
 Place of Birth *Bourbonnais* (State or Country.) Lived in Illinois *5 yrs* Years.  
 Occupation *✓* Single, Married, Widower or Widow.  
 Died on the *14* day of *May* 190*6*, at about *3 p. M.*  
 Place of Death *Bourbonnais, Ill.*  
 Place of Burial *Maternity Church Cemetery* (Township, Village or City. If in City, number of Street and Ward.) Date of Burial *May 15 '06*  
 Name of Undertaker *Joseph Lawrence* (Cemetery.) Address *Bourbonnais, Ill.*  
 Immediate Cause of Death *Patulous Foramen Ovale*  
*Failure of closure of foramen ovale.*  
 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 *26* day (Signature) *A. P. Gagnon*  
 of *May* 190*6* } Address *Kankakee, Ill.* (Physician, Midwife or Coroner.)  
 Filed for Record this *19* day of *June* 190*6* *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.

Full Name of Deceased *Joseph Demas*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *White* Age *77* Years *4* Months Days  
 Place of Birth *Canada* (State or Country.) Lived in Illinois *55* Years.  
 Occupation *Carpenter* Single, Married, Widower or Widow.  
 Died on the *10* day of *May* 190*6*, at about *1-30 A. M.*  
 Place of Death *Kankakee Ill. 429 Rosewood*  
 (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Mount Grove* (Cemetery.) Date of Burial *May 12-06*  
 Name of Undertaker *Davis Larry* Address *Kankakee Ill.*  
 Immediate Cause of Death *Cancer of Stomach*  
 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 *16* day (Signature) *F. O. Hamilton*  
 of *May* 190*6* } Address *Kankakee Ill.* (Physician, Midwife or Coroner.)  
 Filed for Record this *19* day of *June* 190*6* *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
		<i>10</i>	

Full Name of Deceased *Dominic Vallaro*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *White* Age *45* Years Months Days  
 Place of Birth *Italy* (State or Country.) Lived in Illinois *10* Years.  
 Occupation *Saloon Keeper* Single, Married, Widower or Widow.  
 Died on the *16* day of *May* 190*6*, at about *10-25 A.M.*  
 Place of Death *Kankakee Ill.*  
 (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Street Ill.* (Cemetery.) Date of Burial *May 19-1906*  
 Name of Undertaker *D. Larry* Address *Kankakee Ill.*  
 Immediate Cause of Death *Alcoholism*  
 Contributory Cause or Complication *Hepatic*  
 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 *18* day (Signature) *F. O. Hamilton*  
 of *May* 190*6* } Address *Kankakee Ill.* (Physician, Midwife or Coroner.)  
 Filed for Record this *19* day of *June* 190*6* *Louis Schneider Jr.* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
		<i>21</i>	
	<i>8</i>		