

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Orval Arnold Kluckhohn*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *9* Years *10* Months *10* Days
 Place of Birth *Reddick Ill.* (State or Country) Lived in Illinois *9mo 10day* Years.
 Occupation *Child* Single, Married, Widower or Widow.
 Died on the *16* day of *May* 190*6*, at about *5 P.* M.
 Place of Death *Norton Twp. Vanhook Co.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Round Grove* (Cemetery) Date of Burial *19 May*
 Name of Undertaker *Hertz Bros* Address *Reddick Ill.*
 Immediate Cause of Death *Bronc. Pneumonia*
 Contributory Cause or Complication *Muscle and Erythema*
 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 of *May* 190*6* (Signature) *C. D. Allison M.D.* (Physician, Midwife or Coroner.)
 of *Wilmington Ill.* Address
 Filed for Record this *4th* day of *Aug* 190*6* *Louis Schneider Jr.* County Clerk.

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

Full Name of Deceased *Fred Edmund Underwood*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *73* Years *15* Months *15* Days
 Place of Birth *New York* (State or Country) Lived in Illinois *50* Years.
 Occupation *Farmer* Single, Married, Widower or Widow.
 Died on the *23* day of *April* 190*6*, at about *2 A.* M.
 Place of Death *Esser* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Esser* (Cemetery) Date of Burial *25 April*
 Name of Undertaker *Hessmeyer* Address *Esser Ill.*
 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 *25* day of *May* 190*6* (Signature) *C. D. Allison* (Physician, Midwife or Coroner.)
 of *Wilmington Ill.* Address
 Filed for Record this *4th* day of *Aug* 190*6* *Louis Schneider Jr.* County Clerk.

DURATION.			
Years	Months	Days	Hours
		<i>6</i>	

Full Name of Deceased *Mrs. Mary Harden*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *57* Years *4* Months *19* Days
 Place of Birth *Wisconsin* (State or Country) Lived in Illinois *19* Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *10th* day of *March* 190*6*, at about *10 A.* M.
 Place of Death *Esser Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Esser* (Cemetery) Date of Burial *3-14/06*
 Name of Undertaker *Hessmeyer* Address *Esser*
 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 *March* 190*6* (Signature) *F. M. Allison* (Physician, Midwife or Coroner.)
 of *Wilmington Ill.* Address
 Filed for Record this *4* day of *August* 190*6* *Louis Schneider Jr.* County Clerk.

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