

Full Name of Deceased *Clarence Vallancourt*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *4* Years *8* Months *4* Days
 Place of Birth *St Anne Ill.* (State or Country) Lived in Illinois *all life* Years.
 Occupation *None* Single, Married, Widower or Widow.
 Died on the *first* day of *June* 190*6*, at about *6 P.*
 Place of Death *St Anne Ill.* (Township, Village or City; If in City, number of Street and Ward.)
 Place of Burial *Catholic Cemetery St Anne* (Cemetery) Date of Burial *June 8 '06.*
 Name of Undertaker *A. Dutton* Address *St Anne*

Immediate Cause of Death *Heart Failure*
Nephritis following Scarlet Fever
 Contributory Cause or Complication *Scarlet Fever*

DURATION.			
Years.	Months.	Days.	Hours.
		<i>7</i>	

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 *June* 190*6* (Signature) *A. S. Burkh* (Physician, Midwife or Coroner) Address *St Anne, Ill.*
 Filed for Record this *4* day of *August* 190*6* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Malinda Jane Davis*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *64* Years *3* Months *18* Days
 Place of Birth *Indian* (State or Country) Lived in Illinois *2* Years.
 Occupation *Housekeeper* Single, Married, Widower or Widow.
 Died on the *8* day of *June* 190*6*, at about *1 A.*
 Place of Death *Monmouth Ill.* (Township, Village or City; If in City, number of Street and Ward.)
 Place of Burial *Lake Village Ind.* (Cemetery) Date of Burial *June 10 '06.*
 Name of Undertaker *Mulby & Halpin* Address *Monmouth Ill.*

Immediate Cause of Death *Consumption*

DURATION.			
Years.	Months.	Days.	Hours.
<i>2</i>			

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 *June* 190*6* (Signature) *A. S. Burkh M.D.* (Physician, Midwife or Coroner) Address *Monmouth Ill.*
 Filed for Record this *4* day of *Aug* 190*6* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Abigail Jones*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *75* Years *9* Months *21* Days
 Place of Birth *Canada* (State or Country) Lived in Illinois *62* Years.
 Occupation *Housekeeper* Single, Married, Widower or Widow.
 Died on the *6* day of *May* 190*6*, at about *9:30 P.*
 Place of Death *Monmouth City* (Township, Village or City; If in City, number of Street and Ward.)
 Place of Burial *Shrontz* (Cemetery) Date of Burial *May 9 '06.*
 Name of Undertaker *Mulby & Halpin* Address *Monmouth Ill.*

Immediate Cause of Death *Neuralgia Stomach*
Diabetes

DURATION.			
Years.	Months.	Days.	Hours.
			<i>3</i>

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 *5* day of *June* 190*6* (Signature) *A. S. Burkh* (Physician, Midwife or Coroner) Address *Monmouth Ill.*
 Filed for Record this *4* day of *Aug* 190*6* *Louis Schneider Jr.* County Clerk.