

RECORD OF CERTIFICATES OF DEATH.

467

Full Name of Deceased *Rochelle Brosseau*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *7* Years *9* Months _____ Days _____

Place of Birth *Bourbonnais* (State or Country) _____ Lived in Illinois *7/4* Years _____

Occupation _____ Single, Married, Widower or Widow _____

Died on the *5* day of *May* 190*6*, at about *12:30 P.* M.

Place of Death *Bourbonnais* (Township, Village or City, If in City, number of Street and Ward.) _____

Place of Burial *Bourbonnais* (Cemetery.) _____ Date of Burial *May 6th 06*

Name of Undertaker *Joe Lawrence* Address *Bourbonnais*

Immediate Cause of Death *Progressive Muscular Paralysis*

Contributory Cause or Complication *Exhaustion*

DURATION.			
Years.	Months.	Days.	Hours.
	9		

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 *7* day } (Signature) *J. A. Brown*
of *June* 190*6* } Address _____ (Physician, Midwife or Coroner.)

Filed for Record this *29* day of *Aug* 190*6* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Paul VanSlette*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *1* Years *11* Months _____ Days _____

Place of Birth *Bearsville Ill* (State or Country) _____ Lived in Illinois _____ Years _____

Occupation _____ Single, Married, Widower or Widow _____

Died on the *20th* day of *May* 190*6*, at about *9 P.* M.

Place of Death *Kankakee* (Township, Village or City, If in City, number of Street and Ward.) _____

Place of Burial *Mound Grove N.K.K.* (Cemetery.) _____ Date of Burial *June 1st 1906*

Name of Undertaker *David Lavery* Address *186 Merchant St. N.K.K.*

Immediate Cause of Death *Suffocated in trunk by accident*

Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.

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 _____ day } (Signature) *Louis C. Fenouille*
of 190 _____ } Address *220 Schuyler ave. N.K.K.* (Physician, Midwife or Coroner.)

Filed for Record this *29* day of *Aug* 190*6* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Iela Van Slette*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *8* Years _____ Months _____ Days _____

Place of Birth *Illinois Bearsville* (State or Country) _____ Lived in Illinois *8* Years _____

Occupation _____ Single, Married, Widower or Widow _____

Died on the *30* day of *May* 190*6*, at about *9 P.* M.

Place of Death *Kankakee* (Township, Village or City, If in City, number of Street and Ward.) _____

Place of Burial *Kankakee Mound Grove* (Cemetery.) _____ Date of Burial *June 1st 1906*

Name of Undertaker *David Lavery* Address *186 Merchant St. N.K.K.*

Immediate Cause of Death *accidental suffocation in a trunk*

Contributory Cause or Complication _____

DURATION.			
Years.	Months.	Days.	Hours.

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 _____ day } (Signature) *Louis C. Fenouille*
of 190 _____ } Address *220 Schuyler ave. N.K.K.* (Physician, Midwife or Coroner.)

Filed for Record this *29* day of *Aug* 190*6* *Louis Schneider Jr.* County Clerk.