

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Rosella Van Oltie*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *5* Years Months Days
 Place of Birth *Bearsville Ill.* (State or Country) Lived in Illinois *5* Years.
 Occupation _____ Single, Married, Widower or Widow.
 Died on the *30th* 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 *Mount Gray Cem. N.H.* (Cemetery) Date of Burial *June 1-1906*
 Name of Undertaker *David Lavery* Address *206 Merchant St. N.H.*
 Immediate Cause of Death *Asphyxiation in trunk* } DURATION.
accidental } 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 _____ day } (Signature) *Louis O. Fenouille*
 of _____ 190*6* } Address *220 Schuyler Ave. N.H.* (Physician, Midwife or Coroner.)
 Filed for Record this *29* day of *Aug* 190*6* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Elmer Coulter*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *8* Years Months Days
 Place of Birth *Otto Ill.* (State or Country) Lived in Illinois *8* Years.
 Occupation _____ Single, Married, Widower or Widow.
 Died on the *23rd* day of *June* 190*6*, at about *5 or a.* M.
 Place of Death *Kankakee Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Kankakee Ill.* (Cemetery) Date of Burial *27 June. 1906.*
 Name of Undertaker *David Lavery* Address *186 Merchant St. N.H.*
 Immediate Cause of Death *Bump struck by train while* } DURATION.
standing on track in accident } 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 _____ day } (Signature) *Louis O. Fenouille*
 of _____ 190*6* } Address *220 Schuyler Ave. N.H.* (Physician, Midwife or Coroner.)
 Filed for Record this *29* day of *Aug* 190*6* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Amelia Zeitz*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *female* Color *White* Age *71* Years Months Days
 Place of Birth *Germany* (State or Country) Lived in Illinois *not given* Years.
 Occupation *housewife* Single, Married, Widower or Widow.
 Died on the *28* day of *June* 190*6*, at about *4 10 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 *Kankakee Ill.* (Cemetery) Date of Burial *June 30th 06.*
 Name of Undertaker *D. Lavery* Address *Kankakee, Ill.*
 Immediate Cause of Death *Obstruction of Intestines* } DURATION.
 Contributory Cause or Complication _____ } 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 *30* day } (Signature) *P. A. Nell*
 of *June* 190*6* } Address *Hospital Ill.* (Physician, Midwife or Coroner.)
 Filed for Record this *29* day of *Aug* 190*6* *Louis Schneider Jr.* County Clerk.