

RECORD OF CERTIFICATES OF DEATH.

475

Full Name of Deceased *Syvester Earle Boucassa*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *three* Years *eight* Months *seven* Days
 Place of Birth *Nankaku, Illinois* (State or Country) Lived in Illinois *3 yrs 8 mo 7* Years.
 Occupation _____ Single, Married, Widower or Widow.
 Died on the *Second* day of *July* 190*6*, at about *six* P. M.
 Place of Death *603 Schuyler Ave. Nankaku, Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Mound Grove Cemetery* (Cemetery) Date of Burial *July 3rd 1906*
 Name of Undertaker *J. H. Speicher & Co.* Address *238 Schuyler Ave.*
 Immediate Cause of Death *Typhoid Fever*
 Contributory Cause or Complication *Hemorrhage*

DURATION.			
Years.	Months.	Days.	Hours.
	about	33	
			7

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 *first* day of *Aug* 190*6* (Signature) *Paul Christmann M.D.*
 of *Aug* 190*6* Address *354 Schuyler Ave. Nankaku, Ill.* (Physician, Midwife or Coroner.)
 Filed for Record this *26* day of *Sept* 190*6* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Sarah Nelson Tupper*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *72* Years _____ Months _____ Days _____
 Place of Birth *New York* (State or Country) Lived in Illinois *50* Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *31st* day of *July* 190*6*, at about *11* P. M.
 Place of Death *141 Chicago Ave. Nankaku, Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Morris Cemetery Morris, Ill.* (Cemetery) Date of Burial *Aug 3rd 1906*
 Name of Undertaker *Sherwood and Dick* Address *Nankaku, Ill.*
 Immediate Cause of Death *Apoplexy*
 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 *1st* day of *Aug* 190*6* (Signature) *As Ashbaugh M.D.*
 of *Aug* 190*6* Address *Nankaku, Ill.* (Physician, Midwife or Coroner.)
 Filed for Record this *26* day of *Sept* 190*6* *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Andrew C. Schieblich*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *44* Years _____ Months _____ Days _____
 Place of Birth *Mekin, Ill.* (State or Country) Lived in Illinois *44* Years.
 Occupation *Plumber* Single, Married, Widower or Widow.
 Died on the *20th* day of _____ 190*6*, at about _____ M.
 Place of Death *Hoop, Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Mekin "* (Cemetery) Date of Burial *July 22nd 1906*
 Name of Undertaker *David Lamy* Address *186 Mendenhall St. Nankaku*
 Immediate Cause of Death *Cerebral Hemorrhage*
 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 of _____ 190____ (Signature) *Louis C. Ferris*
 of _____ 190____ Address *228 Schuyler Ave. Nankaku* (Physician, Midwife or Coroner.)
 Filed for Record this *26* day of *Sept* 190*6* *Louis Schneider Jr.* County Clerk.