

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Mrs Katherine Warren*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color *White* Age *77* Years — Months — Days
 Place of Birth *Germany* (State or Country.) Lived in Illinois *54* Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *31* day of *Aug* 190*6*, at about *8* P.M.
 Place of Death *Hankooke* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Hankooke* (Cemetery.) Date of Burial
 Name of Undertaker Address

Immediate Cause of Death *myocarditis*
 Contributory Cause or Complication

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 *1* day of (Signature) *J. A. Brown*
 of *Sept* 190*6* Address *Hankooke*
 Filed for Record this *31* day of *Oct* 190*6* *J. Louis Schmudde* County Clerk.

Full Name of Deceased *John Jones*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *male* Color *White* Age *69* Years Months Days
 Place of Birth *Hankooke Ill* (State or Country.) Lived in Illinois *69* Years.
 Occupation *Retired farmer* Single, Married, Widower or Widow.
 Died on the *9* day of *Sept* 190*6*, at about *2-15* A.M.
 Place of Death *South Washington, Hankooke Ill* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Mound Grove* (Cemetery.) Date of Burial *Sept 11-06*
 Name of Undertaker Address

Immediate Cause of Death *Gastric ulcer*
 Contributory Cause or Complication *Wound and secondary anemia*

DURATION.			
Years.	Months.	Days.	Hours.
	<i>1</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 *17* day of (Signature) *J. A. Brown*
 of *Sept* 190*6* Address *Hankooke*
 Filed for Record this *31* day of *Oct* 190*6* *J. Louis Schmudde* County Clerk.

Full Name of Deceased *William Joubert*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *Male* Color *White* Age *37* Years Months Days
 Place of Birth *Hankooke* (State or Country.) Lived in Illinois Years.
 Occupation *Saloon Keeper* Single, Married, Widower or Widow.
 Died on the *17* day of *Sept* 190*6*, at about *1:30* M.
 Place of Death (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Hankooke* (Cemetery.) Date of Burial
 Name of Undertaker Address

Immediate Cause of Death *Anaphyl. Embolism of lung*
 Contributory Cause or Complication

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 *18* day of (Signature) *J. A. Brown*
 of *Sept* 190*6* Address *Hankooke*
 Filed for Record this *31* day of *Oct* 190*6* *J. Louis Schmudde* County Clerk.