

# RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Sophia Maguire*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Female* Color *White* Age *2* Years *2* Months *23* Days  
 Place of Birth *Momence Ill.* (State or Country). Lived in Illinois *Life* Years.  
 Occupation \_\_\_\_\_ Single, Married, Widower or Widow.  
 Died on the *6th* day of *August* 1906, at about *8* A.M.  
 Place of Death *Momence City* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Momence* (Cemetery). Date of Burial *Aug 8 06*  
 Name of Undertaker *Meloy & Halpin* Address *Momence*  
 Immediate Cause of Death *Cholera infantum*  
 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 *3* day of *Sept* 1906 (Signature) *A. S. Burt* (Physician, Midwife or Coroner.)  
 Filed for Record this *31* day of *Oct* 1906 *J. J. Schumaker* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
			24

Full Name of Deceased *Joseph W. Bagan*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *BT* Age *8* Years *15* Months *15* Days  
 Place of Birth *Indiana* (State or Country). Lived in Illinois *1* Years.  
 Occupation *Book Keeper* Single, Married, Widower or Widow.  
 Died on the *8* day of *Aug* 1906, at about *8<sup>15</sup>* P.M.  
 Place of Death *Evansville Ind.* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Evansville* (Cemetery). Date of Burial *Aug 10 - 06*  
 Name of Undertaker *Meloy & Halpin* Address *Momence*  
 Immediate Cause of Death *Tuberculosis of lung and bowels*  
 Contributory Cause or Complication *Dry Pleurisy*  
 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 *3* day of *Sept* 1906 (Signature) *A. S. Burt M.D.* (Physician, Midwife or Coroner.)  
 Filed for Record this *31* day of *Oct* 1906 *J. J. Schumaker* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
	6		
		3	

Full Name of Deceased *Wm Edward Lewis*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Male* Color *White* Age *22* Years *8* Months *14* Days  
 Place of Birth *Dropouts Ill.* (State or Country). Lived in Illinois *22* Years.  
 Occupation *Fireman* Single, Married, Widower or Widow.  
 Died on the *14* day of *Aug* 1906, at about *5<sup>10</sup>* A.M.  
 Place of Death *571 Cherry Ave. Van Hook* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Mound Grove* (Cemetery). Date of Burial *Aug 16 - 06*  
 Name of Undertaker *H. H. Davis* Address *228 Court St*  
 Immediate Cause of Death *Tuberculosis of the bowels*  
 Contributory Cause or Complication *Stomach and lungs*  
 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 \_\_\_\_\_ 1906 (Signature) *Paul Christman* (Physician, Midwife or Coroner.)  
 Filed for Record this *31* day of *Oct* 1906 *J. J. Schumaker* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.