

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased R. Marcus
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White Age 72 Years Months 2 Days
 Place of Birth Canada (State or Country.) Lived in Illinois 5 Years.
 Occupation Farmer Single, Married, Widower or Widow
 Died on the 16 day of Aug 1906, at about 2 9 M.
 Place of Death St Ann's (Township, Village or City, if in City, number of Street and Ward.)
 Place of Burial Catholic cemetery (Cemetery.) Date of Burial Aug 18 - 06
 Name of Undertaker Art. Hattan Address St Ann's

Immediate Cause of Death Arteriosclerosis of heart
 Contributory Cause or Complication _____
 DURATION.
 Years. Months. Days. Hours.
 { 2

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 16 day of Sept 1906 (Signature) N.H. Shoumanian
 Address St Ann's
 Filed for Record this 31 day of Oct 1906 Jouis Schneider County Clerk.

Full Name of Deceased Steven J. Vandrain
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex male Color white Age 76 Years Months _____ Days _____
 Place of Birth France Ill (State or Country.) Lived in Illinois _____ Years.
 Occupation Farmer Single, Married, Widower or Widow.
 Died on the 18 day of aug 1906, at about 8 20 P.M.
 Place of Death Ellwood's Custom Hospital (Township, Village or City, if in City, number of Street and Ward.)
 Place of Burial St Ann's (Cemetery.) Date of Burial 8-20 - 06
 Name of Undertaker David Garry Address Dankakee

Immediate Cause of Death mental Regurgitation
kind dementia
 Contributory Cause or Complication _____
 DURATION.
 Years. Months. Days. Hours.
 { 1

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 19 day of aug 1906 (Signature) J. Cushing
 Address Hospitals
 Filed for Record this 31 day of Oct 1906 Jouis Schneider County Clerk.

Full Name of Deceased Samuel Scanlon
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Male Color White Age 45 Years Months _____ Days _____
 Place of Birth Cratonia Penn (State or Country.) Lived in Illinois _____ Years.
 Occupation Coal Miner Single, Married, Widower or Widow.
 Died on the 11 day of aug 1906, at about 5 45 P.M.
 Place of Death Illinois East St. P. (Township, Village or City, if in City, number of Street and Ward.)
 Place of Burial Fussell Hill (Cemetery.) Date of Burial 8-14 - 06
 Name of Undertaker Walsh Sweeney Address Fussell Hill

Immediate Cause of Death General Paralysis of Insane
 Contributory Cause or Complication _____
 DURATION.
 Years. Months. Days. Hours.
 { 3 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 15 day of July 1906 (Signature) J. Cushing
 Address Hospitals
 Filed for Record this 31 day of Oct 1906 Jouis Schneider County Clerk.