

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased George J. Jarvie
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex male Color white Age 69 Years Months Days
 Place of Birth Scotland (State or Country) Lived in Illinois 43 Years.
 Occupation Retired Farmer Single, Married, Widower or Widow.
 Died on the 15 day of Aug 1906, at about 10:00 P.M.
 Place of Death De Eastern Hospital (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial St. Cecilia (Cemetery) Date of Burial 8-17-06
 Name of Undertaker David Farney Address Franklin Ave

Immediate Cause of Death Acute Stenosis
Meningeal Regeneration
 Contributory Cause or Complication Epileptic Insanity

DURATION.			
Years	Months	Days	Hours
	<u>2</u>	<u>3</u>	

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 Aug 1906 (Signature) J. C. Cushman (Physician, Midwife or Coroner.)
 Address Hospital
 Filed for Record this 31 day of Oct 1906 James Schmeider County Clerk.

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

Sex male Color white Age 50 Years Months 21 Days
 Place of Birth Germany (State or Country) Lived in Illinois 34 Years.
 Occupation Straw Weaver Single, Married, Widower or Widow.
 Died on the 21 day of Aug 1906, at about 7:00 P.M.
 Place of Death Grant Park (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Union Cemetery (Cemetery) Date of Burial
 Name of Undertaker Albert Bachfeld Address Grant Park

Immediate Cause of Death Emphysema of lungs
 Contributory Cause or Complication Consumption and excessive use of alcoholic drinks

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 1 day of Sept 1906 (Signature) Herbert Whelan (Physician, Midwife or Coroner.)
 Address Grant Park
 Filed for Record this 31 day of Oct 1906 James Schmeider County Clerk.

Full Name of Deceased Agnes E. Williams
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Female Color _____ Age 6 Years Months 8 Days
 Place of Birth Hanksville (State or Country) Lived in Illinois 12 Years.
 Occupation _____ Single, Married, Widower or Widow.
 Died on the 23 day of Aug 1906, at about 10:40 A.M.
 Place of Death 3000 North Ave. Hanksville (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Mound Grove (Cemetery) Date of Burial Aug 25 - 06
 Name of Undertaker D. J. Javery Address _____

Immediate Cause of Death Pericarditis
 Contributory Cause or Complication _____

DURATION.			
Years	Months	Days	Hours
	<u>6</u>		

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 Sept 1906 (Signature) J. A. Brown (Physician, Midwife or Coroner.)
 Address Hanksville
 Filed for Record this 31 day of Oct 1906 James Schmeider County Clerk.