

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *(Infant) Walsh*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *male* Color *white* Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days *20 hrs*  
 Place of Birth *63 S. Washington St. Kankakee Ill* Lived in Illinois \_\_\_\_\_ Years \_\_\_\_\_  
 Occupation \_\_\_\_\_ Single, Married, Widower or Widow.  
 Died on the *22* day of *Nov* 190*6*, at about *9:30* M.  
 Place of Death *Kankakee* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Chilwaukee* (Cemetery.) Date of Burial *Nov 23 - 1906*  
 Name of Undertaker *D. Lanery* Address \_\_\_\_\_  
 Immediate Cause of Death *Premature Birth (7 mos)*  
 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 *25<sup>th</sup>* day of \_\_\_\_\_ (Signature) *J. A. Brown*  
 of *Nov* 190*6* } Address \_\_\_\_\_ (Physician, Midwife or Coroner.)  
 Filed for Record this *7<sup>th</sup>* day of *Jan* 190*7* *John B. Flaqueole* County Clerk.

Full Name of Deceased *Irma Faube*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *Female* Color *white* Age *2* Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Place of Birth *Kankakee Ill* Lived in Illinois *2* Years \_\_\_\_\_  
 Occupation \_\_\_\_\_ Single, Married, Widower or Widow.  
 Died on the *19<sup>th</sup>* day of *Nov* 190*6*, at about *12* M.  
 Place of Death *147 - 11<sup>th</sup> An City* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Mound Grove* (Cemetery.) Date of Burial \_\_\_\_\_  
 Name of Undertaker \_\_\_\_\_ Address \_\_\_\_\_  
 Immediate Cause of Death *Pulmonary Tuberculosis*  
 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 *25<sup>th</sup>* day of \_\_\_\_\_ (Signature) *J. A. Brown*  
 of *Nov* 190*6* } Address *Kankakee* (Physician, Midwife or Coroner.)  
 Filed for Record this *7<sup>th</sup>* day of *Jan* 190*7* *John B. Flaqueole* County Clerk.

Full Name of Deceased *Herman Elmer Chambers*  
**PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.**  
 Sex *male* Color *w* Age \_\_\_\_\_ Years \_\_\_\_\_ Months *6* Days \_\_\_\_\_  
 Place of Birth *Kankakee Ill* Lived in Illinois *6 mos* Years \_\_\_\_\_  
 Occupation \_\_\_\_\_ Single, Married, Widower or Widow.  
 Died on the *13<sup>th</sup>* day of *Sept* 190*6*, at about *10:15* P. M.  
 Place of Death *Kankakee 119 West Ave* (Township, Village or City. If in City, number of Street and Ward.)  
 Place of Burial *Bourbormais Ill* (Cemetery.) Date of Burial *Sept 15 - 1906*  
 Name of Undertaker *David Lanery* Address *Kankakee Ill*  
 Immediate Cause of Death *Milrimus*  
 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 *15* day of \_\_\_\_\_ (Signature) *Chas A Armstrong*  
 of *Sept* 190*6* } Address \_\_\_\_\_ (Physician, Midwife or Coroner.)  
 Filed for Record this *7* day of *Jan* 190*7* *John B. Flaqueole* County Clerk.