

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Walter Chipman*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M* Color *W* Age *73* Years — Months — Days
Place of Birth *Canada* (State or Country) Lived in Illinois — Years.
Occupation *Farmer* Single, Married, Widower or Widow.
Died on the *21* day of *November* 190*3*, at about *7 P* M.
Place of Death *Monmouth Ill* (Township, Village or City, If in City, number of Street and Ward.)
Place of Burial — Date of Burial —
Name of Undertaker *L. W. Balkus* (Cemetery) Address *Monmouth Ill*

Immediate Cause of Death *Angina Pectoris*
Contributory Cause or Complication *Mitral Regurgitation*
DURATION: Years Months Days Hours
3

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 *23* day of *Nov* 190*3* (Signature) *J. F. Shronts* (Physician, Midwife or Coroner) Address *Monmouth Ill*
Filed for Record this *26* day of *Dec* 190*3* *Louis Schneider* County Clerk.

Full Name of Deceased *Thomas J. Buntain*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M* Color *W* Age *59* Years *1* Months *10* Days
Place of Birth *Panama Ill* (State or Country) Lived in Illinois *59* Years.
Occupation *Banker* Single, Married, Widower or Widow.
Died on the *30* day of *October* 190*3*, at about *7 P* M.
Place of Death *Monmouth Ill* (Township, Village or City, If in City, number of Street and Ward.)
Place of Burial *Monmouth Ill* (Cemetery) Date of Burial —
Name of Undertaker *L. W. Balkus* Address *Monmouth Ill*

Immediate Cause of Death *Hypostatic Congestion of Lungs*
Contributory Cause or Complication —
DURATION: Years Months Days Hours
4

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 *23* day of *Nov* 190*3* (Signature) *J. F. Shronts* (Physician, Midwife or Coroner) Address *Monmouth Ill*
Filed for Record this *26* day of *Dec* 190*3* *Louis Schneider* County Clerk.

Full Name of Deceased *Dora Figue*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *F* Color *W* Age *41* Years — Months — Days
Place of Birth *Canada* (State or Country) Lived in Illinois *30* Years.
Occupation *Housewife* Single, Married, Widower or Widow.
Died on the *24* day of *Nov* 190*3*, at about *6.30 A.* M.
Place of Death *163 - 5th Ave Monmouth Ill* (Township, Village or City, If in City, number of Street and Ward.)
Place of Burial *Mount Hope Cemetery* (Cemetery) Date of Burial *Nov 26 1903*
Name of Undertaker *Speicher* Address —

Immediate Cause of Death *Phthisis Pulmonalis*
Contributory Cause or Complication —
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 *1st* day of *Dec* 190*3* (Signature) *A. W. Groby* (Physician, Midwife or Coroner) Address *Monmouth Ill*
Filed for Record this *26* day of *Dec* 190*3* *Louis Schneider* County Clerk.