

RECORD OF CERTIFICATES OF DEATH.

521

DEATH.

Full Name of Deceased Mrs. Claude Richards
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Female Color White Age _____ Years _____ Months _____ Days _____
 Place of Birth Delta Ohio (State or Country) Lived in Illinois 2 Years _____
 Occupation Housewife Single, Married, Widower or Widow. _____
 Died on the 17 day of March 1906, at about 7 0 M.
 Place of Death 75 Merchant St. Frankfort (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Delta Ohio (Cemetery) Date of Burial April 20 1906
 Name of Undertaker David Gentry Address Frankfort

Immediate Cause of Death Pulmonary Tuberculosis
 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 19 day of _____ (Signature) J. A. Brown
 of Frankfort 1906 Address _____ (Physician, Midwife or Coroner.)

Filed for Record this 5 day of Jan 1907 John B. Flague County Clerk.

DEATH.

Full Name of Deceased Mary A. Getto
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex Female Color _____ Age 42 Years 11 Months 9 Days _____
 Place of Birth Chattanooga Tenn (State or Country) Lived in Illinois 5 Years _____
 Occupation Housewife Single, Married, Widower or Widow. _____
 Died on the 5 day of Oct 1906, at about 8 10 P M.
 Place of Death 17 South Fifth Ave. Frankfort Ill (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial Mount Hope (Cemetery) Date of Burial _____
 Name of Undertaker Speicher Bros Address 238 Schuyler Ave. Frankfort

Immediate Cause of Death _____
 Contributory Cause or Complication Asthma and arteriosclerosis

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 2 day of _____ (Signature) Paul Christman
 of Frankfort 1906 Address 268 Dearborn Ave (Physician, Midwife or Coroner.)

Filed for Record this 5 day of Jan 1907 John B. Flague County Clerk.

DEATH.

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

Sex _____ Color _____ Age _____ Years _____ Months _____ Days _____
 Place of Birth _____ (State or Country) Lived in Illinois _____ Years _____
 Occupation _____ Single, Married, Widower or Widow. _____
 Died on the _____ day of _____ 190 _____, at about _____ M.
 Place of Death _____ (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial _____ (Cemetery) Date of Burial _____
 Name of Undertaker _____ Address _____

Immediate Cause of Death _____
 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 _____ day of _____ (Signature) _____
 of _____ 190 _____ Address _____ (Physician, Midwife or Coroner.)

Filed for Record this _____ day of _____ 190 _____ County Clerk.