

RECORD OF CERTIFICATES OF DEATH.

55

Full Name of Deceased *Jamar Meta Becker* Docket # *23362*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *F* Color *W* Age *27* Years Months _____ Days _____
 Place of Birth *Kentucky* (State or Country) Lived in Illinois *19* Years.
 Occupation *none* Single, Married, Widower or Widow ~~Widow~~
 Died on the *26* day of *November* 190*3*, at about *6:30 A.* M.
 Place of Death *Hospital Ill* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Mound Grove Cemetery* (Cemetery) Date of Burial *Nov 25 1903*
 Name of Undertaker *J. H. Specker & Co* Address *238 Schuyler Ave NKK*
 Immediate Cause of Death *Suicide by strangulation*
 Contributory Cause or Complication *Inmate of Hospital*
P.E.H. since Feb 4 1897

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 *21* day of _____ (Signature) *Arthur E. Williams*
 of *Nov* 190*3* Address *Hospital Ill*
 Filed for Record this *26* day of *Dec* 190*3* *Louis Schneider* County Clerk.

Full Name of Deceased *Jane McEuan*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *F* Color *W* Age *82* Years *11* Months *25* Days _____
 Place of Birth *County Down Ireland* (State or Country) Lived in Illinois *54* Years.
 Occupation *Homewife* Single, Married, Widower or Widow _____
 Died on the *11* day of *Nov* 190*3*, at about _____ M.
 Place of Death *Chelbaine Ill* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Evergreen Cemetery* (Cemetery) Date of Burial *Nov 13 1903*
 Name of Undertaker *Aravellet & Bros* Address *Chelbaine Ill*
 Immediate Cause of Death *Parosis*
 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 *13* day of _____ (Signature) *Wm H. Watson*
 of *Nov* 190*3* Address *Chelbaine Ill*
 Filed for Record this *26* day of *Dec* 190*3* *Louis Schneider* County Clerk.

Full Name of Deceased *Izabella Skinner*

PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *F* Color *Black* Age *55* Years Months _____ Days _____
 Place of Birth *Panna* (State or Country) Lived in Illinois *9* Years.
 Occupation *House keeper* Single, Married, Widower or Widow _____
 Died on the *7* day of *Dec* 190*3*, at about *1 P.* M.
 Place of Death *Arona* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Waldron* (Cemetery) Date of Burial *Dec 9 th 1903*
 Name of Undertaker *David Lavery* Address *Hankaluker Ill*
 Immediate Cause of Death *Parenchymatous Nephritis*
 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 *7* day of _____ (Signature) *S. A. Wertsall M.D.*
 of *Dec* 190*3* Address *Waldron Ill*
 Filed for Record this *26* day of *Dec* 190*3* *Louis Schneider* County Clerk.