

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Elizabeth A. Meyers*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *F* Color *W* Age *68* Years Months *14* Days
 Place of Birth *Canada* (State or Country) Lived in Illinois *38* Years
 Occupation *Housekeeper* Single, Married, Widower or Widew
 Died on the *9* day of *Sept* 190*3*, at about *8 A.* M.
 Place of Death *Waldron* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Waldron* (Cemetery) Date of Burial *Friday 11th*
 Name of Undertaker *David Lavery* Address *Hanksville*
 Immediate Cause of Death *Decomposition ataxia*
 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 *9th* day (Signature) *S. A. Westfall M. D.*
 of *Sept* 190*3* Address *Waldron Ill.* (Physician, Midwife or Coroner.)
 Filed for Record this *26* day of *Oct* 190*3* *Louis Schneider* County Clerk.

DURATION.			
Years	Months	Days	Hours
3			

Full Name of Deceased *Daniel Dymall*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *M.* Color *W* Age *84* Years Months Days
 Place of Birth *Ireland* (State or Country) Lived in Illinois *60* Years
 Occupation *Farmer* Single, Married, Widower or Widew
 Died on the *7* day of *Oct* 190*3*, at about *11⁵⁰ A.* M.
 Place of Death *Norton* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *Sacred Heart* (Cemetery) Date of Burial *Oct 9 1903*
 Name of Undertaker *Walsh Bros.* Address *Campus Ill*
 Immediate Cause of Death *Prostate Cystitis*
 Contributory Cause or Complication *Old age*
 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 *9* day (Signature) *Alexander Gray M. D.*
 of *Oct* 190*3* Address (Physician, Midwife or Coroner.)
 Filed for Record this *26* day of *Oct* 190*3* *Louis Schneider* County Clerk.

DURATION.			
Years	Months	Days	Hours

Full Name of Deceased *Infant child of George Le Beau*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *M.* Color *W* Age Years Months *Half Born* Days
 Place of Birth *Summer Ill* (State or Country) Lived in Illinois *Half Home* Years
 Occupation Single, Married, Widower or Widew
 Died on the *15* day of *September* 190*3*, at about *1 A.* M.
 Place of Death *Summer Ill* (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial *St. George Ill* (Cemetery) Date of Burial *Sept 16 1903*
 Name of Undertaker *J. E. Marceau* Address *Montana Ill*
 Immediate Cause of Death *Asphyxiation due to amniotic membrane covering face of child twenty minutes before arrival of Physician*
 Contributory Cause or Complication *None*
 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 *6th* day (Signature) *J. Paulson*
 of *Oct* 190*3* Address *Montana Ill* (Physician, Midwife or Coroner.)
 Filed for Record this *26* day of *Oct* 190*3* *Louis Schneider* County Clerk.

DURATION.			
Years	Months	Days	Hours