

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Harvey Bromley*  
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M* Color *W* Age *45* Years *11* Months *23* Days  
Place of Birth *New York State* (State or Country) Lived in Illinois *31* Years.  
Occupation *Farming* Single, Married, Widower or Widow.  
Died on the *23* day of *December* 1903, at about *11 A.* M.  
Place of Death *Manteno Ill* (Township, Village or City. If in City, number of Street and Ward.)  
Place of Burial *Bloomington* (Cemetery) Date of Burial *Dec 25 1903*  
Name of Undertaker *J. C. Dick* Address *Manteno Ill*

Immediate Cause of Death *Angina Pectoris*  
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 *1* day (Signature) *J. M. Gulick M.D.*  
of *January* 1904 Address *Manteno Ill*  
Filed for Record this *26* day of *Jan* 1904 *Louis Schneider* County Clerk.

Full Name of Deceased *Beatrice Like Fongue*  
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *F* Color *W* Age *—* Years *3* Months *29* Days  
Place of Birth *Manteno Ill* (State or Country) Lived in Illinois *Life* Years.  
Occupation \_\_\_\_\_ Single, Married, Widower or Widow.  
Died on the *18th* day of *Nov* 1903, at about *11 A.* M.  
Place of Death *171 Court St. Manteno Ill* (Township, Village or City. If in City, number of Street and Ward.)  
Place of Burial *Wood Grove* (Cemetery) Date of Burial *Nov 19*  
Name of Undertaker *David Lavery* Address *Manteno Ill*

Immediate Cause of Death *General Debility*  
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 *17* day (Signature) *J. N. Fraser M.D.*  
of *Nov.* 1903 Address *320 Schuyler Ave N. 10th*  
Filed for Record this *26* day of *Jan* 1904 *Louis Schneider* County Clerk.

Full Name of Deceased *Hattie Marchitt*  
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *F* Color *B.* Age *1* Years *1* Months \_\_\_\_\_ Days \_\_\_\_\_  
Place of Birth *Illinois* (State or Country) Lived in Illinois *Life* Years.  
Occupation \_\_\_\_\_ Single, Married, Widower or Widow.  
Died on the *2d* day of *October* 1903, at about *3 A.* M.  
Place of Death *196 4th Ave Manteno Ill* (Township, Village or City. If in City, number of Street and Ward.)  
Place of Burial \_\_\_\_\_ (Cemetery) Date of Burial \_\_\_\_\_  
Name of Undertaker *David Lavery* Address \_\_\_\_\_

Immediate Cause of Death *Congestion of Lungs*  
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 *3* day (Signature) *J. N. Fraser M.D.*  
of *Oct* 1903 Address *Manteno Ill No 320*  
Filed for Record this *26* day of *Jan* 1904 *Louis Schneider* County Clerk.