

RECORD OF CERTIFICATES OF DEATH.

7

H.

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

Sex W. Color W. Age — Years — Months 27 Days —
 Place of Birth Manteno Ill. (State or Country) Lived in Illinois 1 M. 27 Days
 Occupation — Single, Married, Widower or Widow
 Died on the 26th day of September 1903, at about 10 P. M.
 Place of Death Manteno Ill. (Township, Village or City, If in City, number of Street and Ward.)
 Place of Burial Manteno Ill. (Cemetery) Date of Burial Sept 27 1903
 Name of Undertaker J.E. Marican Address Manteno Ill.

Immediate Cause of Death Scarlet Meningitis
 Contributory Cause or Complication Acute Enteritis

DURATION			
Years	Months	Days	Hours
		3	
		5	

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 of October 1903 (Signature) J. Rouleau
 of Manteno Ill. Address Manteno Ill. (Physician, Midwife or Coroner.)
 Filed for Record this 26th day of Oct. 1903 Louis Schneider County Clerk.

CH.

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

Sex F. Color W. Age 71 Years — Months — Days —
 Place of Birth Ireland (State or Country) Lived in Illinois — Years —
 Occupation Housewife Single, Married, Widower or Widow
 Died on the 7 day of September 1903, at about 1.30 P. M.
 Place of Death Illinois Eastern Hospital for Insane Hospital Ill.
 Place of Burial Chicago (Cemetery) Date of Burial
 Name of Undertaker David Lavery Address Manteno Ill.

Immediate Cause of Death Organic Heart Disease
 Contributory Cause or Complication Chronic Diarrhoea
Dementia

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 7 day of September 1903 (Signature) Clara P. Shouts M.D.
 of Hospital Ill. Address Hospital Ill. (Physician, Midwife or Coroner.)
 Filed for Record this 26 day of Oct. 1903 Louis Schneider County Clerk.

TH.

Full Name of Deceased Sarah C. Weaser
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex F. Color W. Age 65 Years — Months — Days —
 Place of Birth England (State or Country) Lived in Illinois — Years —
 Occupation Housewife Single, Married, Widower or Widow
 Died on the 24th day of Sept 1903, at about 9 1/2 P. M.
 Place of Death Ill Eastern Hospital
 Place of Burial Chicago (Cemetery) Date of Burial
 Name of Undertaker P.J. Huson Address Chicago Ill.

Immediate Cause of Death Carcinoma of uterus
 Contributory Cause or Complication Dementia

DURATION			
Years	Months	Days	Hours
Several Years			
8 or 10 years			

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 26 day of Sept 1903 (Signature) Howard S. Corbin
 of Hospital Ill. Address Hospital Ill. (Physician, Midwife or Coroner.)
 Filed for Record this 26 day of Oct 1903 Louis Schneider County Clerk.