

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Emily Castle*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *f* Color *W* Age *56* Years *6* Months *1* Days
 Place of Birth *England* (State or Country) Lived in Illinois *46* Years.
 Occupation *None* Single, Married, Widower or Widow.
 Died on the *27* day of *Jan* 190*7*, at about *9 9* M.
 Place of Death *Momence* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Momence Cemetery* (Cemetery) Date of Burial *Jan 26*
 Name of Undertaker *Melby & Halpin* Address *Momence*

Immediate Cause of Death *Paralysis* DURATION.
 Years Months Days Hours
 Contributory Cause or Complication *Hemorrhage of Nose* }
 4

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 *29* day (Signature) *H. M. Keyser*
 of *Jan* 190*7* Address *Momence Ill* (Physician, Midwife or Coroner.)
 Filed for Record this *31* day of *March* 190*7* *Louis Schneider* County Clerk.

Full Name of Deceased *Maggie Fox*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *f* Color *W* Age *37* Years Months Days
 Place of Birth *Ireland* (State or Country) Lived in Illinois Years.
 Occupation Single, Married, Widower or Widow.
 Died on the *8* day of *Feb* 190*7*, at about *5 46 9* M.
 Place of Death *All East Hosp. for Insane* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Hospital Ill* (Cemetery) Date of Burial
 Name of Undertaker *Washington* Address *Hospital Ill*

Immediate Cause of Death *Pulmonary Tuberculosis* DURATION.
 Years Months Days Hours
 Contributory Cause or Complication *Insanity* }
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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 *8* day (Signature) *O. A. Neal*
 of *Feb* 190*7* Address *Hospital Ill* (Physician, Midwife or Coroner.)
 Filed for Record this *31* day of *March* 190*7* *Louis Schneider* County Clerk.

Full Name of Deceased *Alice Walters*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *f* Color *W* Age *53* Years Months Days
 Place of Birth *Germany* (State or Country) Lived in Illinois Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *29* day of *Feb* 190*7*, at about *6 00 P* M.
 Place of Death *All East Hospital for Insane* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Banfield* (Cemetery) Date of Burial
 Name of Undertaker *Lavery* Address *St Paul Ave*

Immediate Cause of Death *Fatty Degeneration of heart* DURATION.
 Years Months Days Hours
 Contributory Cause or Complication *Hypertension* }
 15

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 (Signature) *O. A. Neal*
 of *March* 190*7* Address *Hospital* (Physician, Midwife or Coroner.)
 Filed for Record this *31* day of *March* 190*7* *Louis Schneider* County Clerk.