

Full Name of Deceased *Mary A. Watson*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *F* Color *W* Age *85* Years *8* Months *21* Days
 Place of Birth *Ohio Columbiana Co.* (State or Country.) Lived in Illinois *51* Years.
 Occupation *Single, Married, Widower or Widow.*
 Died on the *16* day of *January* 1904, at about *10 9* M.
 Place of Death *Otto Lorusch, Kan/Gott Co Ill*
 Place of Burial *(Cemetery)* Date of Burial *Jan 18 1904*
 Name of Undertaker *John Kolby* Address *W. Lipton Ill*
 Immediate Cause of Death *Pneumonia*
 Contributory Cause or Complication

DURATION.			
Years.	Months.	Days.	Hours.
	<i>5</i>	<i>21</i>	

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) *Wm H. Watson M.D.*
 of *Jan* 1904 Address *Chesapeake Ill*
 Filed for Record this *31* day of *March* 1904 *Louis Schneider Jr* County Clerk.

Full Name of Deceased *John Brauner*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *M* Color *W* Age *28* Years Months Days
 Place of Birth (State or Country.) Lived in Illinois Years.
 Occupation *Car Repairer* *Single, Married, Widower or Widow.*
 Died on the *5th* day of *December* 1903, at about *11 30 A* M.
 Place of Death *Moroneau* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial (Cemetery.) Date of Burial
 Name of Undertaker *L W Balkins* Address *Moroneau*

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 *5* day (Signature) *D. B. Vaughn, Dist. Coroner*
 of *Dec* 1903 Address *Kan/Gott Co Ill*
 Filed for Record this *31* day of *March* 1904 *Louis Schneider Jr* County Clerk.

Full Name of Deceased *Florence Alana Richards*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.

Sex *F* Color *W* Age *19* Years *9* Months Days
 Place of Birth *Limestone Twp. Kan/Kan Co* (State or Country.) Lived in Illinois *all life* Years.
 Occupation *Homemaker* *Single, Married, Widower or Widow.*
 Died on the *14* day of *Dec* 1903, at about *6 30 A* M.
 Place of Death *Bombonais Twp. Kan/Kan Co Ill*
 Place of Burial *Bombonais* (Cemetery.) Date of Burial *Dec 16th*
 Name of Undertaker Address *Bombonais Ill*

DURATION.			
Years.	Months.	Days.	Hours.
	<i>Two</i>	<i>Weeks</i>	<i>2</i>

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 *31* day (Signature) *Charles Lane*
 of *Dec* 1903 Address *Kan/Kan Co Ill*
 Filed for Record this *31* day of *March* 1904 *Louis Schneider Jr* County Clerk.