

RECORD OF CERTIFICATES OF DEATH.

Full Name of Deceased *Olivia Davis*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *female* Color *white* Age *35* Years Months _____ Days _____
 Place of Birth *Missouri* (State or Country.) Lived in Illinois *12* Years.
 Occupation *housewife* Single, Married, Widower or Widow.
 Died on the *23* day of *Jan* 1904, at about *6:25* P. M.
 Place of Death *Ill. East Hosp. for Insane Hospital Ill.* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Chicago* (Cemetery.) Date of Burial _____
 Name of Undertaker *Boydston* Address *Chicago*
 Immediate Cause of Death *General Paralysis*
 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 *27th* day of *Jan* 1904 (Signature) *D. A. Kell* (Physician, Midwife or Coroner.)
 of *Jan* 1904 Address *Hospital Ill.*
 Filed for Record this *31* day of *March* 1904 *Louis Schneider* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
	9	13	

Full Name of Deceased *Catherine Moore #2*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *female* Color *white* Age *82* Years Months _____ Days _____
 Place of Birth *Ireland* (State or Country.) Lived in Illinois _____ Years.
 Occupation *none* Single, Married, Widower or Widow.
 Died on the *7th* day of *Jan* 1904, at about *5:30* P. M.
 Place of Death *Ill. East Hosp. for Insane* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial _____ (Cemetery.) Date of Burial _____
 Name of Undertaker _____ Address _____
 Immediate Cause of Death *Pneumonia*
 Contributory Cause or Complication *Senile Dementia*
 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 *8th* day of *Jan* 1904 (Signature) *D. A. Kell* (Physician, Midwife or Coroner.)
 of *Jan* 1904 Address *Hospital Ill.*
 Filed for Record this *31* day of *March* 1904 *Louis Schneider* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.
2	5	5	

Full Name of Deceased *Garrett A. McAdoo*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *male* Color *white* Age *44* Years Months _____ Days _____
 Place of Birth *Marysville Ohio* (State or Country.) Lived in Illinois *15* Years.
 Occupation *Traveling Salesman* Single, Married, Widower or Widow.
 Died on the *15th* day of *Jan* 1904, at about *10 P.* M.
 Place of Death *Mattson Ave. Kankakee* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Marysville Ohio* (Cemetery.) Date of Burial *Jan 18-04*
 Name of Undertaker *David Lavery* Address *Kankakee*
 Immediate Cause of Death *Acute Nephritis and Uremia*
 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 *20* day of *Jan* 1904 (Signature) *M. S. Coughlin M.D.* (Physician, Midwife or Coroner.)
 of *Jan* 1904 Address *Kankakee Ill.*
 Filed for Record this *31* day of *March* 1904 *Louis Schneider* County Clerk.

DURATION.			
Years.	Months.	Days.	Hours.