

Full Name of Deceased *Catherine Tyrrell*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *not known but about 60* Years Months Days
 Place of Birth *Ireland* (State or Country.) Lived in Illinois _____ Years.
 Occupation *Housewife* Single, Married, Widower or Widow.
 Died on the *29* day of *Jan* 1904, at about _____ M.
 Place of Death *Norton* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Sacred Heart* (Cemetery.) Date of Burial *Feb 19 1904*
 Name of Undertaker *Halsh Bros.* Address *Campos Ill*
 Immediate Cause of Death *La Grippe*
 Contributory Cause or Complication *Old Age*
 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 *6* day (Signature) *Alexander Gray M.D.*
 of *Feb* 1904 } Address *Labery Ill.* (Physician, Midwife or Coroner.)
 Filed for Record this *31* day of *March* 1904 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Joseph B. Reed*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Male* Color *White* Age *59* Years Months Days
 Place of Birth _____ (State or Country.) Lived in Illinois *Ind* Years.
 Occupation *laborer* Single, Married, Widower or Widow.
 Died on the *26* day of *Nov* 1903, at about _____ M.
 Place of Death *in James Township 1 1/2 miles west of Mokenca* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Shelby Ind* (Cemetery.) Date of Burial _____
 Name of Undertaker *Millys Halpin* Address *Mokenca, Ills.*
 Immediate Cause of Death *freezing while suffering from*
jaundice
 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 *2nd* day (Signature) *A. T. Clark*
 of *December* 1904 } Address *Hankakee Ills* (Physician, Midwife or Coroner.)
 Filed for Record this *31* day of *March* 1904 *Louis Schneider Jr.* County Clerk.

Full Name of Deceased *Mary Schimpczok*
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
 Sex *Female* Color *White* Age *two* Years Months Days
 Place of Birth *Russia* (State or Country.) Lived in Illinois *five* Years.
 Occupation _____ Single, Married, Widower or Widow.
 Died on the *23d* day of *November* 1903, at about *one o'clock* M.
 Place of Death *263 Entrance Ave Hankakee City* (Township, Village or City. If in City, number of Street and Ward.)
 Place of Burial *Mound Grove* (Cemetery.) Date of Burial *November 25 1903*
 Name of Undertaker *David Larry* Address *Hankakee*
 Immediate Cause of Death *by having her cloths on fire*
 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 *24th* day (Signature) *Thomas J. Clark*
 of *November* 1903 } Address *Hankakee Ills* (Physician, Midwife or Coroner.)
 Filed for Record this *31* day of *March* 1904 *Louis Schneider Jr.* County Clerk.