

W.D. BARNARD & CO., PRINTER, ST. LOUIS, MO.

CERTIFICATE OF DEATH. The law of 1889 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board...

STATE OF ILLINOIS, } CERTIFICATE OF DEATH.
County: Kaukaue
Full Name of Deceased: Grace Lucile Fisher
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
Sex: Female, Color: White, Age: 7 months, Years: 7 months, Days:
Place of Birth: Lived in Illinois:
Occupation: \*Single, Married, Widower, or Widow.
Died on the: 24th day Dec 1907, at about 10 A.M.
Place of Death: 585 S. Chrysler Ave., Kaukaue, Ill. Place of Burial: Mount Zion Cemetery
Date of Burial: Dec 27, 1907 Name of Undertaker: David Loney Address: Kaukaue
Immediate Cause of Death: Pneumonia Whooping Cough
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 of Dec 1907. (Signature) Chas. A. Armstrong
Address: Kaukaue
Filed for Record this 18th day of Feb 1908 John B. Floyd County Clerk.

No.

CERTIFICATE OF DEATH. The law of 1889 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board...

STATE OF ILLINOIS, } CERTIFICATE OF DEATH.
County: Kaukaue
Full Name of Deceased: Louise Alphonse Herbert
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
Sex: Male, Color: White, Age: 1 Year, Months: 1, Days:
Place of Birth: Lived in Illinois: 1 Year
Occupation: \*Single, Married, Widower, or Widow.
Died on the: 9th day Dec 1907, at about 2:30 A.M.
Place of Death: West Kaukaue, Ill. Place of Burial:
Date of Burial: Dec 11, 1907 Name of Undertaker: David Loney Address: Kaukaue
Immediate Cause of Death: Whooping cough & Bronchitis
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 12th day of Dec 1907. (Signature) Chas. A. Armstrong
Address: Kaukaue
Filed for Record this 18th day of Feb 1908 John B. Floyd County Clerk.

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CERTIFICATE OF DEATH. The law of 1889 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board...

STATE OF ILLINOIS, } CERTIFICATE OF DEATH.
County: Kaukaue
Full Name of Deceased: Catherine Jane McDuffash
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
Sex: Female, Color: White, Age: 79 Years, Months: 11, Days:
Place of Birth: Manchester, Indiana Lived in Illinois: 56 Years
Occupation: Housewife \*Single, Married, Widower, or Widow.
Died on the: 30th day Dec 1907, at about 11:25 A.M.
Place of Death: 57 Woodwood Ave., Kaukaue, Ill. Place of Burial: Mount Zion Cemetery
Date of Burial: Dec 31, 1907 Name of Undertaker: David Loney Address: Kaukaue
Immediate Cause of Death: Senescent Debility
Contributory Cause or Complication: Senescent Debility
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 31st day of Dec 1907. (Signature) Chas. A. Armstrong
Address: Kaukaue
Filed for Record this 18th day of Feb 1908 John B. Floyd County Clerk.

No.

CERTIFICATE OF DEATH. The law of 1889 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board...

STATE OF ILLINOIS, } CERTIFICATE OF DEATH.
County: Kaukaue
Full Name of Deceased: Theophilus P. Dole
PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH.
Sex: Male, Color: White, Age: 58 Years, Months: 5, Days: 28
Place of Birth: Massachusetts Lived in Illinois:
Occupation: Retired Farmer \*Single, Married, Widower, or Widow.
Died on the: 10th day Dec 1907, at about 10 A.M.
Place of Death: Maunten Ill. Place of Burial: Maunten Ill.
Date of Burial: Dec 11, 1907 Name of Undertaker: W. H. Hays Address: Maunten Ill.
Immediate Cause of Death: Carcinoma of Prostate Gland
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 14th day of Jan 1908. (Signature) J. H. Hays
Address: Maunten Ill.
Filed for Record this 18th day of Feb 1908 John B. Floyd County Clerk.

No.