

REV. G. BARLAND & CO., STATIONERS & PRINTERS, LITTONVILLE, ST. LOUIS, MO.

CERTIFICATE OF DEATH. The law of 1903 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STATE OF ILLINOIS, Tazewell County, CERTIFICATE OF DEATH. Full Name of Deceased: Baby Egan. Sex: Female, Color: White, Age: 15 Years, Months: 15, Days: 15. Place of Birth: Lived in Illinois: 15 Years. Occupation: Single, Married, Widower, or Widow. Died on the 27 day of June 1908, at about 1 P M. Place of Death: Buckingham. Place of Burial: Smith. Date of Burial: May 25 1908. Name of Undertaker: H.P. Anderson. Address: Buckingham. Immediate Cause of Death: 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 30 day of May 1908. (Signature) J. H. Just. Address: Buckingham. Filed for Record this 18 day of August 1908 John B. Flayson County Clerk.

CERTIFICATE OF DEATH. The law of 1903 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STATE of Ill. Full Name of Deceased: Sex: Place of Birth: Occupation: Died on: Place of Death: Date of Burial: Immediate Cause of Death: 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: (Signature): Address: Filed for Record this:

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STATE OF ILLINOIS, Tazewell County, CERTIFICATE OF DEATH. Full Name of Deceased: Mary Jane Harris. Sex: Female, Color: White, Age: 68 Years, Months: 5, Days: 17. Place of Birth: Ohio. Lived in Illinois: 27 Years. Occupation: Housewife. Died on the 6 day of May 1908, at about 12 9 M. Place of Death: Eatons. Place of Burial: Edgemoor Hill. Date of Burial: May 8 1908. Name of Undertaker: Chas. Schmitt. Address: Edgemoor Hill. Immediate Cause of Death: Paralysis of the Liver. 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 13 day of May 1908. (Signature) J. H. Just. Address: Edgemoor Hill. Filed for Record this 18 day of May 1908 John B. Flayson County Clerk.

CERTIFICATE OF DEATH. The law of 1903 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STATE of Ill. Full Name of Deceased: Sex: Place of Birth: Occupation: Died on: Place of Death: Date of Burial: Immediate Cause of Death: 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: (Signature): Address: Filed for Record this:

CERTIFICATE OF DEATH. The law of 1903 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STATE OF ILLINOIS, Tazewell County, CERTIFICATE OF DEATH. Full Name of Deceased: Chas. Wiltzer. Sex: Male, Color: White, Age: 59 Years, Months: 3, Days: 25. Place of Birth: Germany. Lived in Illinois: 25 Years. Occupation: Farmer. Died on the 30 day of May 1908, at about 9 25 M. Place of Death: All Cox Hospital. Place of Burial: Danville. Date of Burial: May 1 1908. Name of Undertaker: Wally. Address: Danville. Immediate Cause of Death: Apoplexy. Contributory Cause or Complication: Organic Brain Dec. 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 1st day of April 1908. (Signature) A. Rice. Address: Hospital. Filed for Record this 18 day of August 1908 John B. Flayson County Clerk.

CERTIFICATE OF DEATH. The law of 1903 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STATE of Ill. Full Name of Deceased: Sex: Place of Birth: Occupation: Died on: Place of Death: Date of Burial: Immediate Cause of Death: 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: (Signature): Address: Filed for Record this:

CERTIFICATE OF DEATH. The law of 1903 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STATE OF ILLINOIS, Tazewell County, CERTIFICATE OF DEATH. Full Name of Deceased: Josiah S. Edwards. Sex: Male, Color: White, Age: 33 Years, Months: 3, Days: 33. Place of Birth: Ill. Lived in Illinois: 33 Years. Occupation: Laborer. Died on the 12th day of May 1908, at about 1 50 P M. Place of Death: Lee Park Hosp. for Insane. Place of Burial: Litchfield. Date of Burial: May 14 1908. Name of Undertaker: D. Loney. Address: Litchfield. Immediate Cause of Death: 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 16 day of May 1908. (Signature) C. A. Keel. Address: Hospital. Filed for Record this 18 day of Aug 1908 John B. Flayson County Clerk.

CERTIFICATE OF DEATH. The law of 1903 requires that physicians, coroners and midwives shall report deaths to the State Board of Health on the blank forms prescribed by the Board... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STATE of Ill. Full Name of Deceased: Sex: Place of Birth: Occupation: Died on: Place of Death: Date of Burial: Immediate Cause of Death: 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: (Signature): Address: Filed for Record this: