

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... No.

STATE OF ILLINOIS, Hamilton County. CERTIFICATE OF DEATH. Full Name of Deceased Catherine Smith. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex Female, Color White, Age 62, Years Months Days. Place of Birth America, Lived in Illinois 2 Years. Occupation housewife. Died on the 15th day of Jan 1909, at about 2:30 P. M. Place of Death Ill East Hosp for Invalids, Place of Burial Delphi Ill. Date of Burial Jan 17 - 09, Name of Undertaker Sherwood Dick, Address Hamilton. 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 20 day of Jan 1909. Signature J. P. Kelly. Address Hospital Ill. Filed for Record this 13 day of April 1909, John B. Flagg, County Clerk.

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STATE OF ILLINOIS, Hamilton County. CERTIFICATE OF DEATH. Full Name of Deceased Eda Kelly. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex Female, Color White, Age 35, Years Months Days. Place of Birth Domestic, Lived in Illinois Not given Years. Occupation Domestic. Died on the 31st day of Jan 1909, at about 4:25 P. M. Place of Death Ill East Hosp for Invalids, Place of Burial Miss Wash. Date of Burial Jan 30 - 09, Name of Undertaker Hospital, Address Jamesville. 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 26 day of Jan 1909. Signature D. T. Kelly. Address Hospital Ill. Filed for Record this 12 day of April 1909, John B. Flagg, County Clerk.

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STATE OF ILLINOIS, Hamilton County. CERTIFICATE OF DEATH. Full Name of Deceased Anna Euphonia. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex Female, Color White, Age 40, Years Months Days. Place of Birth Not given, Lived in Illinois 1909 Years. Occupation Not given. Died on the 30th day of Jan 1909, at about 8:30 P. M. Place of Death Ill East Hosp for Invalids, Place of Burial Hospital, Address Graysville. Date of Burial Jan 30 - 09, Name of Undertaker Hospital, Address Graysville. 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 3 day of Feb 1909. Signature D. T. Kelly. Address Hospital Ill. Filed for Record this 12 day of April 1909, John B. Flagg, County Clerk.

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STATE OF ILLINOIS, Hamilton County. CERTIFICATE OF DEATH. Full Name of Deceased Catherine Jewett. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex Female, Color White, Age 80, Years Months Days. Place of Birth Not given, Lived in Illinois 50 Years. Occupation. Died on the 29th day of Jan 1909, at about 5 P. M. Place of Death Ill East Hosp for Invalids, Place of Burial Graysville Ill. Date of Burial Jan 29 - 09, Name of Undertaker Sherwood Dick, Address Hamilton. 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 31 day of Jan 1909. Signature D. T. Kelly. Address Graysville Ill. Filed for Record this 12 day of April 1909, John B. Flagg, County Clerk.

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