

W.D. BARNARD & CO., BLANK BOOK MFRS. PRINTERS, LITHOGRAPHERS, ST. LOUIS.

CERTIFICATE OF DEATH.

The law of 1899 requires that physicians, coroners and midwives shall report deaths to the State Board of Health... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

STATE OF ILLINOIS, Kankakee County. CERTIFICATE OF DEATH. Full Name of Deceased: Mary Maypole. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex: female, Color: White, Age: 82, Years: Months: Days: Place of Birth: ... Died on the 24th day of June 1929 at about 5:58 P.M. Place of Death: St. Eastern Hospital, Chicago, Ill. Date of Burial: 6/27/29. Name of Undertaker: Country & Son. Address: Chicago. 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 June 1929. (Signature) E. J. Read. Address: Hospital, Ill. Filed for Record this 26 day of July 1929. John B. Stogdole, County Clerk.

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STATE OF ILLINOIS, Kankakee County. CERTIFICATE OF DEATH. Full Name of Deceased: Raifpolite Crossen. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex: Male, Color: White, Age: 71, Years: Months: Days: Place of Birth: Canada, Lived in Illinois: ... Died on the 22nd day of June 1929 at about 2 P.M. Place of Death: Chestnutman, Madras, Ore. Date of Burial: ... Name of Undertaker: ... Address: ... 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 16th day of July 1929. (Signature) E. J. Bergeron. Address: Kankakee, Ill. Filed for Record this 26 day of July 1929. John B. Stogdole, County Clerk.

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STATE OF ILLINOIS, Kankakee County. CERTIFICATE OF DEATH. Full Name of Deceased: Amanda Grayson. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex: female, Color: White, Age: 29, Years: Months: Days: Place of Birth: Germany, Lived in Illinois: 3 Years. Occupation: None. Died on the 22nd day of May 1929 at about 11 P.M. Place of Death: St. Eastern Hospital, Chicago, Ill. Date of Burial: 5/27/29. Name of Undertaker: J. Hanson. Address: Chicago. 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 23 day of May 1929. (Signature) E. J. Read. Address: Hospital, Ill. Filed for Record this 26 day of July 1929. John B. Stogdole, County Clerk.

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STATE OF ILLINOIS, Kankakee County. CERTIFICATE OF DEATH. Full Name of Deceased: Amanda Schmechel. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex: female, Color: White, Age: 27, Years: Months: Days: Place of Birth: Ill. Occupation: None. Died on the 6th day of May 1929 at about 10:18 A.M. Place of Death: St. Eastern Hospital, Chicago, Ill. Date of Burial: 5/17/29. Name of Undertaker: Carl Kurze. Address: ... 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 7 day of May 1929. (Signature) E. J. Read. Address: Kankakee, Ill. Filed for Record this 26 day of July 1929. John B. Stogdole, County Clerk.