

CERTIFICATE OF DEATH. The law of 1887 requires that physicians, coroners and others shall report deaths in 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, Sandeale County. CERTIFICATE OF DEATH. Full Name of Deceased John Uehle. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex Male, Color White, Age 58, Years 58, Months, Days. Place of Birth Illinois, Lived in Illinois 58 Years. Occupation Not Known. Died on the 23rd day of November, 1908, at about 5 P.M. Place of Death Sandeale, Illinois. Place of Burial Hospital, Sandeale, Ill. Date of Burial 27th. Name of Undertaker B. J. Herzig. Address Sandeale, Ill. 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 19 day of 1908. (Signature) Louis E. Fenoville, Physician, Midwife or Coroner. Address Sandeale, Ill. Filed for Record this 19 day of 1908. John B. Thayer, County Clerk.

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ST. Full Name Sex Male Place of Birth Occupation Died on the 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 day of 1908. (Signature) Address. Filed for Record this day of 1908.

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STATE OF ILLINOIS, Sandeale County. CERTIFICATE OF DEATH. Full Name of Deceased John H. Fanning. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex Male, Color White, Age 59, Years 59, Months, Days. Place of Birth Perry, State of Ill. Lived in Illinois Years. Occupation. Died on the day of 1908, at about M. Place of Death. Place of Burial. Date of Burial. Name of Undertaker. Address. 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 day of 1908. (Signature) Geo. J. Zeller, Physician, Midwife or Coroner. Address. Filed for Record this 7 day of Jan 1910. John B. Thayer, County Clerk.

CERTIFICATE OF DEATH. The law of 1887 requires that physicians, coroners and others shall report deaths in the State Board of Health on the blank forms prescribed by the Board... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

ST. Full Name Sex Male Place of Birth Occupation Died on the 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 day of 1908. (Signature) Address. Filed for Record this day of 1908.

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STATE OF ILLINOIS, Sandeale County. CERTIFICATE OF DEATH. Full Name of Deceased Alvina G. Marcotte. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex Female, Color White, Age 34, Years 34, Months, Days. Place of Birth Chicago, Lived in Illinois 34 Years. Occupation. Died on the 7th day of Feb 1910, at about 7 P.M. Place of Death. Place of Burial. Date of Burial. Name of Undertaker. Address. 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 9 day of April 1910. (Signature) J. H. Ford, M.D., Physician, Midwife or Coroner. Address. Filed for Record this 9 day of April 1910. John B. Thayer, County Clerk.

CERTIFICATE OF DEATH. The law of 1887 requires that physicians, coroners and others shall report deaths in the State Board of Health on the blank forms prescribed by the Board... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

ST. Full Name Sex Female Place of Birth Occupation Died on the 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 day of 1908. (Signature) Address. Filed for Record this day of 1908.

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STATE OF ILLINOIS, Sandeale County. CERTIFICATE OF DEATH. Full Name of Deceased Joseph Lachance. PERSONAL AND STATISTICAL PARTICULARS AND MEDICAL CERTIFICATE OF DEATH. Sex Male, Color White, Age 55, Years 4, Months 5, Days. Place of Birth Caproyne of Quebec, Lived in Illinois 38 Years. Occupation Laborer. Died on the 6th day of Jan 1910, at about 9:30 A.M. Place of Death. Place of Burial. Date of Burial. Name of Undertaker. Address. 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 19 day of Jan 1910. (Signature) Charles J. Marsel, Physician, Midwife or Coroner. Address. Filed for Record this 24 day of Jan 1910. John B. Thayer, County Clerk.

CERTIFICATE OF DEATH. The law of 1887 requires that physicians, coroners and others shall report deaths in the State Board of Health on the blank forms prescribed by the Board... WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

ST. Full Name Sex Male Place of Birth Occupation Died on the 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 day of 1908. (Signature) Address. Filed for Record this day of 1908.