

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Frederic Christian Wolff

2. (a) Sex M (b) Color W (c) Single
Married
Widowed
Divorced

3. (a) Birthplace Germany (b) Date of Birth Jan 15 - 1844

4. Age 66 Years 8 Months 25 Days _____ Hours _____
(If less than One Day old)

5. Died on the 30th Day of Sept 1910 at about 4 P. M.

6. Last Occupation Laborer
(Profession, Trade or Kind of Industry or Business)

7. Previous Occupation (if any) All of his life

8. Place of Death 149 4th ave Kankakee County of Kankakee
(Township, Village or City. If in City, Number of Street and Ward)

14. { Place of Burial Mound Grove }
Date of Burial Oct 3 - 1910 Hour 3 P. M.

County Kankakee

9. How long in State 20 yrs

10. { How long in U. S. 21 years
if Foreign born _____ }

11. { (a) Name of Father Fred C Wolff
(b) Birthplace of Father Germany
(State or County) _____ }

12. { (a) Maiden name of Mother Ann Kamm
(b) Birthplace of Mother " "
(State or County) _____ }

The foregoing stated personal particulars are true to the best of my knowledge and belief.

13. Informant F. C. Wolff (Son)
Address 149 4th ave. Kankakee

15. Undertaker Joseph Spucher License No. _____
Address Kankakee

Physician's Certificate of Cause of Death

I Frederic **Hereby Certify** That I attended Deceased from Sept 30 - 1910 to Sept 30 - 1910 That I last saw him alive on the Sept 30 day of Sept 1910 That death occurred, on date stated above, at about 4 o'clock P. M., and that to the best of my knowledge and belief the cause of his death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) Cause of Death <u>Bright Disease</u>	Duration in Years, Months, Days or Hours <u>4 years</u>
(b) Contributory (Secondary) <u>Uremic Coma</u>	<u>3dys</u>

Witness my hand This 30th day of Oct 1910 (Signature) C. A. Smith M. D.
Address Kankakee Ill
Filed in County Clerk's office, Dec 10 - 1910 By John B. Haydon County Clerk Kankakee

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Walter W. Goring

2. (a) Sex M (b) Color W (c) Single
Married
Widowed
Divorced

3. (a) Birthplace Ill (b) Date of Birth _____

4. Age 81 Years _____ Months _____ Days _____ Hours _____
(If less than One Day old)

5. Died on the 2 Day of Sept 1910 at about 8 M.

6. Last Occupation _____
(Profession, Trade or Kind of Industry or Business)

7. Previous Occupation (if any) _____

8. Place of Death Kankakee State Hospital County of Kankakee
(Township, Village or City. If in City, Number of Street and Ward)

14. { Place of Burial Champaign Ill }
Date of Burial Sept 5, 1910 Hour _____ M.

County _____

9. How long in State _____

10. { How long in U. S. _____
if Foreign born _____ }

11. { (a) Name of Father _____
(b) Birthplace of Father _____
(State or County) _____ }

12. { (a) Maiden name of Mother _____
(b) Birthplace of Mother _____
(State or County) _____ }

The foregoing stated personal particulars are true to the best of my knowledge and belief.

13. Informant _____
Address _____

15. Undertaker J. A. Beck License No. _____
Address Bloomington Ill

Physician's Certificate of Cause of Death

I Frederic **Hereby Certify** That I attended Deceased from Sept 1 - 1910 to Sept 2 - 1910 That I last saw him alive on the 2 day of Sept 1910 That death occurred, on date stated above, at about 8:45 o'clock P. M., and that to the best of my knowledge and belief the cause of his death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) Cause of Death <u>Hypostatic Pneumonia</u>	Duration in Years, Months, Days or Hours _____
(b) Contributory (Secondary) <u>myocarditis</u>	_____

Witness my hand This 23 day of Sept 1910 (Signature) J. J. Sullivan M. D.
Address Hospital Ill
Filed in County Clerk's office, Dec 10 - 1910 By John B. Haydon County Clerk Kankakee