

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Anna Q. Kingel
 2. (a) Sex F (b) Color W (c) Single Married Widowed Divorced
 3. (a) Birthplace Mattson Ill (b) Date of Birth _____
 4. Age 37 Years _____ Months _____ Days _____ Hours _____
 5. Died on the 9th Day of March 1920 at about 2:40 P.M.
 6. Last Occupation None
 (Profession, Trade or Kind of Industry or Business)
 From Year _____ To Year _____
 7. Previous Occupation (if any) _____
 From _____ To _____
 8. Place of Death Kaukaslee State Hospital Ill County of Kaukaslee
 (Township, Village or City, if in City, Number of Street and Ward)
 14. Place of Burial Mattson Ill 15. Undertaker D. Lavery License No. _____
 Date of Burial 3/1 Hour _____ M. Address Kaukaslee Ill

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 Country)
 12. (a) Maiden name of Mother _____
 (b) Birthplace of Mother _____ (State or Country)
 The foregoing stated personal particulars are true to the best of my knowledge and belief.
 13. Informant _____
 Address _____

Physician's Certificate of Cause of Death

I **Hereby Certify** That I attended Deceased from _____ 1920 to _____ 1920 That I last saw _____ alive on the _____ day of _____ 1920. That death occurred, on date stated above, at about _____ o'clock _____ M., and that to the best of my knowledge and belief the cause of _____ death was as hereunder written.

(If UNDER ONE YEAR OLD, STATE HOW FED)

(a) Cause of Death <u>Pulm Tuberculosis</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary)	

Witness my hand This 9th day of March 1920 (Signature) W.H. Jacobs M. D.
 Address Hospital Ill
 Filed in County Clerk's office, _____ 1920 By John B. Flaque County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Emma Umbach
 2. (a) Sex F (b) Color W (c) Single Married Widowed Divorced
 3. (a) Birthplace Illinois (b) Date of Birth _____
 4. Age _____ Years _____ Months _____ Days _____ Hours _____
 5. Died on the _____ Day of _____ 1920 at about _____ M.
 6. Last Occupation None
 (Profession, Trade or Kind of Industry or Business)
 From Year _____ To Year _____
 7. Previous Occupation (if any) _____
 From _____ To _____
 8. Place of Death Kaukaslee State Hospital County of Kaukaslee
 (Township, Village or City, if in City, Number of Street and Ward)
 14. Place of Burial Kaukaslee 15. Undertaker D. Lavery License No. _____
 Date of Burial Mar 8-10 Hour _____ M. Address Kaukaslee Ill

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 Country)
 12. (a) Maiden name of Mother _____
 (b) Birthplace of Mother _____ (State or Country)
 The foregoing stated personal particulars are true to the best of my knowledge and belief.
 13. Informant _____
 Address _____

Physician's Certificate of Cause of Death

I **Hereby Certify** That I attended Deceased from _____ 1920 to _____ 1920 That I last saw _____ alive on the _____ day of _____ 1920. That death occurred, on date stated above, at about _____ o'clock _____ M., and that to the best of my knowledge and belief the cause of _____ death was as hereunder written.

(If UNDER ONE YEAR OLD, STATE HOW FED)

(a) Cause of Death <u>Acute Enteritis</u>	Duration in Years, Months, Days or Hours <u>5-21</u>
(b) Contributory (Secondary) <u>Exhaustion manic Dep</u>	

Witness my hand This 6th day of March 1920 (Signature) W.H. Jacobs M. D.
 Address Hospital Ill
 Filed in County Clerk's office, _____ 1920 By John B. Flaque County Clerk