

CERTIFICATE AND RECORD OF DEATH OF

1. Full Name Stephen Hennessy  
 2. (a) Sex M (b) Color W (c) Single Married Widowed Divorced  
 3. (a) Birthplace Ohio (b) Date of Birth \_\_\_\_\_  
 4. Age 56 Years Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
 5. Died on the 17 Day of Dec 1912 at about \_\_\_\_\_ M.  
 6. Last Occupation none  
 7. Previous Occupation (if any) farmer  
 8. Place of Death Hoop County of Kankakee  
 14. Place of Burial Christiana Hill Date of Burial Dec 19 Hour \_\_\_\_\_ M. Address Kankakee

Registered No. \_\_\_\_\_ County \_\_\_\_\_  
 9. How long in State 16 years  
 10. How long in U. S. if Foreign born \_\_\_\_\_  
 11. (a) Name of Father \_\_\_\_\_ (b) Birthplace of Father \_\_\_\_\_  
 12. (a) Maiden name of Mother \_\_\_\_\_ (b) Birthplace of Mother Ohio  
 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 Nov 20 1912 to Dec 17 1912 That I last saw him alive on the 17 day of Dec 1912 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 his death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

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

Witness my hand This 19 day of Dec 1912 } (Signature) John J. Choate M. D.  
 Address Hoop  
 Filed in County Clerk's office, Apr 1917 By J. B. J. County Clerk

CERTIFICATE AND RECORD OF DEATH OF

1. Full Name Christopher Apple  
 2. (a) Sex M (b) Color white (c) Single Married Widowed Divorced  
 3. (a) Birthplace Ireland (b) Date of Birth \_\_\_\_\_  
 4. Age 21 Years Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
 5. Died on the 3 Day of Dec 1912 at about \_\_\_\_\_ M.  
 6. Last Occupation \_\_\_\_\_  
 7. Previous Occupation (if any) \_\_\_\_\_  
 8. Place of Death Kankakee State Hoop County of Kankakee  
 14. Place of Burial Hoop Hill Date of Burial Dec 5 Hour \_\_\_\_\_ M. Address Hoop Hill

Registered No. \_\_\_\_\_ County \_\_\_\_\_  
 9. How long in State 25 years  
 10. How long in U. S. if Foreign born \_\_\_\_\_  
 11. (a) Name of Father \_\_\_\_\_ (b) Birthplace of Father Ireland  
 12. (a) Maiden name of Mother \_\_\_\_\_ (b) Birthplace of Mother Ireland  
 The foregoing stated personal particulars are true to the best of my knowledge and belief.  
 13. Informant Hospital Records Address Hoop

Physician's Certificate of Cause of Death

I hereby certify That I attended Deceased from Nov 26 1912 to Dec 3 1912 That I last saw him alive on the 3 day of Dec 1912 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 his death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

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

Witness my hand This 6 day of Dec 1912 } (Signature) John J. Choate M. D.  
 Address Hoop Hill  
 Filed in County Clerk's office, Apr 16 1917 By J. B. J. County Clerk