

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Pace

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

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

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

5. Died on the 27 Day of June 1911 at about 2 P.M.

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

7. Previous Occupation (if any) _____

8. Place of Death Proctor's Sup County of Maunsterlee

14. Place of Burial in the Pace Farm 15. Undertaker Wm Pace License No. _____

14. Date of Burial 6/27 Hour 5 P.M. Address Maunsterlee Ill

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 6/26 1911 to 6/27 1911. That I last saw her alive on the 27th day of June 1911. That death occurred, on date stated above, at about 3 o'clock P. M., and that to the best of my knowledge and belief the cause of her death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) Cause of Death	<u>Defective development Primaries bottle caused by death of mother in labor</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary)		

Witness my hand This 6th day of June 1911 (Signature) R. A. Williams M. D.

Filed in County Clerk's office, July 28 1911 By John B. Flagey County Clerk Maunsterlee Co Ill

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Mrs. Caroline Mary Schosser

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

3. (a) Birthplace Maunsterlee Ill (b) Date of Birth June 29 - 1861

4. Age 49 Years _____ Months 3 Days _____ (If less than One Day old) Hours _____

5. Died on the 2nd Day of June 1911 at about 4:30 M.

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

7. Previous Occupation (if any) _____

8. Place of Death Essex Ill County of Maunsterlee

14. Place of Burial St. Peter's Paul Cemetery Plot Ill 15. Undertaker Wm Hasmeier License No. _____

14. Date of Burial June 5 1911 Hour _____ M. Address Essex Ill

9. How long in State all her life

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

11. (a) Name of Father Bernhard Roth

(b) Birthplace of Father Baden Germany (State or Country)

12. (a) Maiden name of Mother Kinginda Brochage

(b) Birthplace of Mother Waldobrunn Baden Ger. (State or Country)

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

13. Informant Herman Schosser

Address Essex Ill

Physician's Certificate of Cause of Death

I hereby certify That I attended Deceased from April 1st 1911 to June 1 1911. That I last saw her alive on the 1st day of June 1911. That death occurred, on date stated above, at about 4:30 o'clock A. M., and that to the best of my knowledge and belief the cause of her death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) Cause of Death	<u>Encephalitis of the Lissr</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary)	<u>Dropsy</u>	

Witness my hand This 13th day of June 1911 (Signature) D. P. Spencer M. D.

Filed in County Clerk's office, July 28 1911 By John B. Flagey County Clerk Maunsterlee Co Ill