

281- Revised 1910

J. F. Peffer & Co., Law and Public Office Stationers, Chicago

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____
County _____

1. Full Name Joseph Laarman

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

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

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

5. Died on the 20 Day of Aug 1911 at about _____ M.

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

7. Previous Occupation (if any) _____

8. Place of Death Wichita County of _____
(Township, Village or City. If in City, Number of Street and Ward)

14. Place of Burial St Anne Cemetery 15. Undertaker Sutton License No. _____
Date of Burial Aug 22, 1911 Hour _____ M. Address St Anne

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 _____ 1911 to _____ 1911 That I last saw _____ alive on the _____ day of _____ 1911. 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 | Duration in Years, Months, Days or Hours |
|------------------------------|--|
| <u>Summer Complaint</u> | |
| (b) Contributory (Secondary) | |

Witness my hand This 18 day of Sept 1911 (Signature) H. H. Showman M. D.
Address St Anne
Filed in County Clerk's office, Oct 2 1911 By _____ County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____
County _____

1. Full Name Luther Lamar Hammond

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

3. (a) Birthplace Montevideo (b) Date of Birth May 31, 1911

4. Age _____ Years 2 Months _____ Days _____ Hours _____
(If less than One Day old)

5. Died on the 2 Day of Aug 1911 at about 11 A.M.

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

7. Previous Occupation (if any) _____

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

14. Place of Burial Montevideo Ill 15. Undertaker H. H. Harvey License No. _____
Date of Burial Aug. 9 1911 Hour _____ M. Address Montevideo

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 May 31 1911 to Aug 2 1911 That I last saw _____ alive on the 2 day of August 1911. 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 | Duration in Years, Months, Days or Hours |
|------------------------------------|--|
| <u>Chronic Infective Enteritis</u> | |
| (b) Contributory (Secondary) | |

Witness my hand This 24 day of Aug 1911 (Signature) R. V. Thomas M. D.
Address Montevideo Ill
Filed in County Clerk's office, Oct 2 1911 By _____ County Clerk