

Record of Deaths Reported to County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Mrs Alexander Macintosh

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

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

4. Age 44 Years Months _____ Days _____ Hours _____

5. Died on the 24 Day of Oct 1911 at about 12:29 M.

6. Last Occupation Housewife

7. Previous Occupation (if any) _____

8. Place of Death Kankakee State Hospital County of Kankakee

14. Place of Burial Chicago Ill Date of Burial _____ Hour _____ M. Address _____

9. How long in State _____

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 _____

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

13. Informant _____ Address _____

15. Undertaker Joe Jargenkowski License No. _____ Address Chicago

Physician's Certificate of Cause of Death

I Hereby Certify That I attended Deceased from Oct 1 1911 to Oct 24 1911. That I last saw her alive on the 24 day of Oct 1911. That death occurred, on date stated above, at about 12:30 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)

COOK 39252

(a) Cause of Death <u>Exhaustion</u>	Duration in Years, Months, Days or Hours <u>5 weeks</u>
(b) Contributory (Secondary) <u>" Psychosis</u>	

Witness my hand This 25 day of Oct 1911 (Signature) J J Sullivan M. D. Address Hospital

Filed in County Clerk's office, Feb 19 1912 By John B. Hayes County Clerk Kankakee

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Mrs Jeremiah O. Connor

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

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

4. Age 45 Years Months _____ Days _____ Hours _____

5. Died on the 9th Day of Oct 1911 at about 6:35 M.

6. Last Occupation Housewife

7. Previous Occupation (if any) _____

8. Place of Death Kankakee State Hospital County of Kankakee

14. Place of Burial _____ Date of Burial _____ Hour _____ M. Address _____

9. How long in State _____

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 _____

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

13. Informant _____ Address _____

15. Undertaker Hickler & Son License No. _____ Address Kankakee

Physician's Certificate of Cause of Death

I Hereby Certify That I attended Deceased from Sept 1 1911 to Oct 9 1911. That I last saw her alive on the 9th day of Oct 1911. That death occurred, on date stated above, at about 6:35 o'clock P-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>General Paralysis of Insane</u>	Duration in Years, Months, Days or Hours <u>Months</u>
(b) Contributory (Secondary) _____	

Witness my hand This 9 day of Oct 1911 (Signature) J J Sullivan M. D. Address Hospital Ill

Filed in County Clerk's office, Feb 19 1912 By John B. Hayes County Clerk Kankakee