

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____
County _____

1. Full Name Margaret Bouwma (Bouzy)
 2. (a) Sex F (b) Color white (c) Single Married Widowed Divorced
 3. (a) Birthplace Ill (b) Date of Birth _____
 4. Age 59 Years 2 Months _____ Days _____ Hours _____
 5. Died on the _____ Day of Dec 1917 at about 6 P.M.
 6. Last Occupation House wife
 (Profession, Trade or Kind of Industry or Business)
 From Year _____ To Year _____
 7. Previous Occupation (if any) _____
 From _____ To _____
 8. Place of Death Baukema County of Kankakee
 (Township, Village or City. If in City, Number of Street and Ward)
 14. Place of Burial Le La Salle St 15. Undertaker David Loney License No. _____
 Date of Burial Dec 6 Hour 10 1/2 M. Address Kankakee

9. How long in State _____
 10. How long in U. S. _____ if Foreign born _____
 11. (a) Name of Father Louis Berner
 (b) Birthplace of Father Canada
 (State or Country)
 12. (a) Maiden name of Mother Charlotte Braultt
 (b) Birthplace of Mother _____
 (State or Country)

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

13. Informant Nichola Bouwma
 Address Baukema

Physician's Certificate of Cause of Death

I hereby certify That I attended Deceased from Sept 26 1917 to Dec 6 1917. That I last saw her alive on the third day of Dec 1917. That death occurred, on date stated above, at about 6 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	Duration in Years, Months, Days or Hours
<u>Pneumonia</u>	
(b) Contributory (Secondary) <u>Chronic Bronchitis</u>	

Witness my hand This 9th day of Dec 1917 } (Signature) Joe A. Guertin M. D.
 Address _____
 Filed in County Clerk's office, Dec 13 1917 By JAG County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____
County _____

1. Full Name Goodchiel
 2. (a) Sex M (b) Color white (c) Single Married Widowed Divorced
 3. (a) Birthplace _____ (b) Date of Birth _____
 4. Age _____ Years _____ Months _____ Days _____ Hours _____
 5. Died on the 27 Day of Dec 1917 at about 6 P.M.
 6. Last Occupation _____
 (Profession, Trade or Kind of Industry or Business)
 From Year _____ To Year _____
 7. Previous Occupation (if any) _____
 From _____ To _____
 8. Place of Death Kankakee County of Kankakee
 (Township, Village or City. If in City, Number of Street and Ward)
 14. Place of Burial Kankakee 15. Undertaker D. Raney License No. _____
 Date of Burial Dec 28 Hour 10 1/2 M. Address Kankakee

9. How long in State _____
 10. How long in U. S. _____ if Foreign born _____
 11. (a) Name of Father Ed Goodchiel
 (b) Birthplace of Father Ill
 (State or Country)
 12. (a) Maiden name of Mother Rosanna Odette
 (b) Birthplace of Mother Kansas
 (State or Country)

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

13. Informant Edw Goodchiel
 Address Kankakee

Physician's Certificate of Cause of Death

I hereby certify That I attended Deceased from Dec 27 1917 to Dec 27 1917. That I last saw him alive on the 27 day of Dec 1917. 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>Difficult Labor. Forceps</u>	
(b) Contributory (Secondary) _____	

Witness my hand This first day of Jan 1918 } (Signature) JAG M. D.
 Address _____
 Filed in County Clerk's office, Dec 13 1917 By JAG County Clerk