

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

County Kankakee

1. Full Name Antonia Wang Coleman

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

3. (a) Birthplace Ontario Canada (b) Date of Birth Oct 20 - 1843

4. Age 66 Years 7 Months 27 Days _____ Hours _____ (if less than One Day old)

5. Died on the 20 Day of May 1910 at about _____ M.

6. Last Occupation Nurse/laundry (Profession, Trade or Kind of Industry or Business)

7. Previous Occupation (if any) _____

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

9. How long in State 48 yrs

10. How long in U. S. _____ if Foreign born 48 "

11. (a) Name of Father Henry Coleman

12. (b) Birthplace of Father New York (State or Country)

13. (a) Maiden name of Mother Margaret Miller

14. (b) Birthplace of Mother Ontario Canada (State or Country)

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

Informant Miss Ellen Lucas

Address Monmouth Ill

14. Place of Burial Monmouth Cemetery 15. Undertaker J. C. Miller License No. _____

Date of Burial May 23 Hour 2 P. Address Monmouth Ill License No. 173

Physician's Certificate of Cause of Death

I hereby Certify That I attended Deceased from July 1909 to May 20 1910. That I last saw her alive on the 18 day of May 1910. That death occurred, on date stated above, at about 3 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>Pulmonary Tuberculosis</u>	Duration in Years, Months, Days or Hours _____
(b) Contributory (Secondary) _____	<u>30 to 4 yrs</u>

Witness my hand This 20 day of May 1910 (Signature) Margaret M. Quinn M. D.

Address Monmouth Ill

Filed in County Clerk's office, July 10 1910 By John B. Flagg County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

County _____

1. Full Name Anna Parsons Gummelt

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

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

4. Age 31 Years _____ Months _____ Days _____ Hours _____ (if less than One Day old)

5. Died on the 3th Day of Jan 1910 at about 7 P. M.

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

7. Previous Occupation (if any) _____

8. Place of Death 313 W. 3rd St Kankakee Ill (Township, Village or City. If in City, Number of Street and Ward) County of Kankakee

9. How long in State all but 2 yrs

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

11. (a) Name of Father _____

12. (b) Birthplace of Father _____ (State or Country)

13. (a) Maiden name of Mother _____

14. (b) Birthplace of Mother _____ (State or Country)

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

Informant _____

Address _____

14. Place of Burial Monmouth Grove 15. Undertaker J. W. Spencer License No. _____

Date of Burial _____ Hour _____ M. Address Kankakee Ill License No. _____

Physician's Certificate of Cause of Death

I hereby Certify That I attended Deceased from _____ 1910 to _____ 1910. That I last saw _____ alive on the _____ day of _____ 1910. 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 <u>Hepatic Abscess</u>	Duration in Years, Months, Days or Hours _____
(b) Contributory (Secondary) <u>Rheumatic Erythema</u>	<u>2 yrs</u>

Witness my hand This 20 day of Jan 1910 (Signature) E. S. Entwistle M. D.

Address Kankakee Ill

Filed in County Clerk's office, July 10 1910 By John B. Flagg County Clerk