

Record of Deaths Reported to County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No.

1. Full Name Mary Ann Brooks
2. (a) Sex F (b) Color W (c) Single
3. (a) Birthplace Illinois (b) Date of Birth
4. Age 65 Years 6 Months 22 Days
5. Died on the 11th Day of Jan 1912 at about 11 P.M.
6. Last Occupation
7. Previous Occupation (if any)
8. Place of Death Jelland
14. Place of Burial Sherburnville Date of Burial Jan 14

9. How long in State All his life
10. How long in U. S. if Foreign born
11. (a) Name of Father John Hibbs (b) Birthplace of Father U.S.
12. (a) Maiden name of Mother Julia Wayhurst (b) Birthplace of Mother W.S.

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

13. Informant Mrs. Chas. Collier Address Grant Park
15. Undertaker A.S. Rothfush License No.
Address Grant Park Ill

Physician's Certificate of Cause of Death

I hereby certify That I attended Deceased from Jan 6 1912 to Jan 11 1912 That I last saw her alive on the 11 day of Jan 1912 That death occurred, on date stated above, at about 11 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)

Table with 2 columns: (a) Cause of Death, (b) Contributory (Secondary). Cause of Death: Pneumonia. Duration in Years, Months, Days or Hours: 7 days.

Witness my hand This 20 day of Jan 1912 By Orcutt Marr M. D. Address Grant Park Ill Filed in County Clerk's office, May 9 1912 By John B. Slagade County Clerk Kankakee

CERTIFICATE

1. Full Name
2. (a) Sex F
3. (a) Birthplace
4. Age 59
5. Died on the
6. Last Occupation
7. Previous Occupation
8. Place of Death
14. Place of Burial Date of Burial

I hereby certify That I attended Deceased from Jan 6 1912 to Jan 11 1912 That I last saw her alive on the 11 day of Jan 1912 That death occurred, on date stated above, at about 7:50 o'clock P.M., and that to the best of my knowledge and belief the cause of her death was as hereunder written.

Table with 2 columns: (a) Cause of Death, (b) Contributory (Secondary).

Witness my hand This day of Filed in County Clerk's office,

CERTIFICATE AND RECORD OF DEATH OF

Registered No.

1. Full Name Sarah Jane Wallace
2. (a) Sex F (b) Color W (c) Single Separated
3. (a) Birthplace Ill (b) Date of Birth
4. Age 45 Years Months Days
5. Died on the 22 Day of Jan 1912 at about 3:40 P.M.
6. Last Occupation
7. Previous Occupation (if any)
8. Place of Death Hospital
14. Place of Burial Hopkinton Ill Date of Burial

9. How long in State Life
10. How long in U. S. if Foreign born
11. (a) Name of Father U.S. (b) Birthplace of Father
12. (a) Maiden name of Mother U.S. (b) Birthplace of Mother

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

13. Informant Hospital Record Address
15. Undertaker Parler & Smith License No. Address Hospital Ill

Physician's Certificate of Cause of Death

I hereby certify That I attended Deceased from Jan 16 1912 to Jan 22 1912 That I last saw her alive on the 22 day of Jan 1912 That death occurred, on date stated above, at about 3:40 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)

Table with 2 columns: (a) Cause of Death, (b) Contributory (Secondary). Cause of Death: General Paralysis of Insane. Duration in Years, Months, Days or Hours: 2 yrs.

Witness my hand This 1 day of Feb 1912 By J. N. Clark M. D. Address Hospital Ill Filed in County Clerk's office, May 9 1912 By John B. Slagade County Clerk Kankakee

CERTIFICATE

1. Full Name
2. (a) Sex F
3. (a) Birthplace
4. Age 58
5. Died on the
6. Last Occupation
7. Previous Occupation
8. Place of Death
14. Place of Burial Date of Burial

I hereby certify That I attended Deceased from Jan 16 1912 to Jan 22 1912 That I last saw her alive on the 22 day of Jan 1912 That death occurred, on date stated above, at about 12:40 o'clock P.M., and that to the best of my knowledge and belief the cause of her death was as hereunder written.

Table with 2 columns: (a) Cause of Death, (b) Contributory (Secondary).

Witness my hand This day of Filed in County Clerk's office,