

Record of Deaths Reported to County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____
 1. Full Name Rowland Nestor _____ County Kankakee
 2. (a) Sex M (b) Color W (c) Single _____ Married _____ Widowed _____ Divorced _____
 3. (a) Birthplace _____ (b) Date of Birth _____
 4. Age 83 Years _____ Months _____ Days _____ (If less than One Day old)
 5. Died on the 3 Day of Jan 1912 at about 9 A.M.
 6. Last Occupation Housewife
 (Profession, Trade or Kind of Industry or Business)
 From Year _____ To Year _____
 7. Previous Occupation (if any) _____
 From _____ To _____
 8. Place of Death Kankakee State Hospital County of Kankakee
 (Township, Village or City. If in City, Number of Street and Ward)
 14. { Place of Burial Lawville Ill 15. Undertaker D. Larsen License No. _____
 { Date of Burial _____ Hour _____ M. Address Kankakee

Physician's Certificate of Cause of Death

I Herby Certify That I attended Deceased from Nov 19 1911 to Jan 3 1912 That I last saw her alive on the 7 day of Jan 1912 That death occurred, on date stated above, at about 5.45 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>Broncho Pneumonia</u>	Duration in Years, Months, Days or Hours <u>4 dys</u>
(b) Contributory (Secondary) <u>Female Dementia</u>	

Witness my hand This 5 day of Jan 1912 (Signature) D. J. Sullivan M. D.
 Address Hospital Ill
 Filed in County Clerk's office, May 9 1912 By John B. Hagerty County Clerk Kankakee Co.

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____
 1. Full Name Ely Brookhouse _____ County _____
 2. (a) Sex M (b) Color W (c) Single _____ Married _____ Widowed _____ Divorced _____
 3. (a) Birthplace Penn (b) Date of Birth _____
 4. Age 78 Years _____ Months _____ Days _____ (If less than One Day old)
 5. Died on the 14 Day of Jan 1912 at about 6.25 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 State Hospital County of Kankakee
 (Township, Village or City. If in City, Number of Street and Ward)
 14. { Place of Burial Chicago Ill 15. Undertaker Haley & son License No. _____
 { Date of Burial _____ Hour _____ M. Address Kankakee Ill

Physician's Certificate of Cause of Death

I Herby Certify That I attended Deceased from Dec 16 1911 to Jan 14 1912 That I last saw him alive on the 13 day of Jan 1912 That death occurred, on date stated above, at about 6.25 o'clock A 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 <u>Carcinoma of Lungs</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary)	

Witness my hand This 20 day of Jan 1912 (Signature) D. J. Sullivan M. D.
 Address Hospital Ill
 Filed in County Clerk's office, May 9 1912 By John B. Hagerty County Clerk Kankakee