

CERTIFICATE AND RECORD OF DEATH OF

Registered No. \_\_\_\_\_  
County \_\_\_\_\_

CERTIFICATE

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

I Herby 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 his death was as hereunder written.

(a) Cause of Death	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary)	

Witness my hand This \_\_\_\_\_ day of \_\_\_\_\_ 1910  
Filed in County Clerk's office, \_\_\_\_\_ 1910

CERTIFICATE

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

I Herby 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 his death was as hereunder written.

(a) Cause of Death	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary)	

Witness my hand This \_\_\_\_\_ day of \_\_\_\_\_ 1910  
Filed in County Clerk's office, \_\_\_\_\_ 1910

1. Full Name Martin McBeom  
2. (a) Sex M (b) Color W (c) Single Married  
3. (a) Birthplace W.S. (b) Date of Birth \_\_\_\_\_  
4. Age 35 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
5. Died on the 24 Day of June 1910 at about \_\_\_\_\_ M.  
6. Last Occupation \_\_\_\_\_  
7. Previous Occupation (if any) \_\_\_\_\_  
8. Place of Death Hospital County of Kankakee  
14. Place of Burial Church 15. Undertaker Loney License No. \_\_\_\_\_  
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 \_\_\_\_\_

Physician's Certificate of Cause of Death

I Herby Certify That I attended Deceased from June 23 1910 to June 24 1910 That I last saw \_\_\_\_\_ alive on the 23 day of June 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 his death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) Cause of Death <u>General Paralysis</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary)	

Witness my hand This 24 day of June 1910  
Filed in County Clerk's office, Aug 1 1910  
(Signature) William F. Loney M. D.  
Address Kankakee State Hospital  
By J. R. Hapok County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. \_\_\_\_\_  
County \_\_\_\_\_

1. Full Name Frank Lihun  
2. (a) Sex Male (b) Color White (c) Single Married  
3. (a) Birthplace Bombonai (b) Date of Birth Dec 7, 1892  
4. Age 11 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
5. Died on the \_\_\_\_\_ Day of \_\_\_\_\_ 1910 at about \_\_\_\_\_ M.  
6. Last Occupation farm hand  
7. Previous Occupation (if any) \_\_\_\_\_  
8. Place of Death Bombonai County of Kankakee  
14. Place of Burial Bombonai Ill 15. Undertaker A. H. Seneas License No. \_\_\_\_\_  
Date of Burial 14 June 1910 Hour \_\_\_\_\_ M. Address Bombonai

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 \_\_\_\_\_

Physician's Certificate of Cause of Death

I Herby Certify That I attended Deceased from May 6 1910 to June 10 1910 That I last saw \_\_\_\_\_ alive on the 9 day of June 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 his death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) Cause of Death <u>Male Insufficiency</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary) <u>Muscular Phrenitis</u>	

Witness my hand This 7 day of July 1910  
Filed in County Clerk's office, Aug 1 1910  
(Signature) Charles T. Mond M. D.  
Address Bombonai  
By J. R. Hapok County Clerk