

281- Revised 1910

P. F. Fishlow & Co., Law and Public Office Stationers, Chicago

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____
County _____

1. Full Name Elizabeth Pichey
 2. (a) Sex F (b) Color W (c) Single Married Widowed Divorced
 3. (a) Birthplace Ireland (State or Country) (b) Date of Birth _____
 4. Age 22 Years _____ Months _____ Days _____ Hours _____
 5. Died on the 22 Day of Feb 1912 at about 11:30 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 Chicago 24 15. Undertaker D. Lorry License No. _____
 Date of Burial _____ Hour _____ M. Address Kankakee

9. How long in State _____
 10. How long in U. S. if Foreign born _____
 11. (a) Name of Father _____
 (b) Birthplace of Father _____ (State or Country)
 12. (a) Maiden name of Mother _____
 (b) Birthplace of Mother _____ (State or Country)
 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 hereby Certify That I attended Deceased from Feb 15 1912 to Feb 22 1912. That I last saw her alive on the 22 day of Feb 1912. That death occurred, on date stated above, at about 11:30 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>Lobar Pneumonia</u>	Duration in Years, Months, Days or Hours <u>8 days</u>
(b) Contributory (Secondary) _____	_____

Witness my hand This 28 day of Feb 1912.
 (Signature) F. J. Sullivan M. D.
 Address Hospital Ill
 Filed in County Clerk's office, May 18 1912 By John B. Slagoda County Clerk Kankakee

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____
County Kankakee

1. Full Name Sarah Heslop
 2. (a) Sex F (b) Color W (c) Single Married Widowed Divorced
 3. (a) Birthplace England (State or Country) (b) Date of Birth _____
 4. Age 60 Years _____ Months _____ Days _____ Hours _____
 5. Died on the 20 Day of Feb 1912 at about 11 P. 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 West Chicago 15. Undertaker B. F. Hertz License No. _____
 Date of Burial _____ Hour _____ M. Address Kankakee

9. How long in State _____
 10. How long in U. S. if Foreign born _____
 11. (a) Name of Father _____
 (b) Birthplace of Father _____ (State or Country)
 12. (a) Maiden name of Mother _____
 (b) Birthplace of Mother _____ (State or Country)
 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 hereby Certify That I attended Deceased from Feb 13 1912 to Feb 20 1912. That I last saw her alive on the 20 day of Feb 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)

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

Witness my hand This 28 day of Feb 1912.
 (Signature) F. J. Sullivan M. D.
 Address Hospital Ill
 Filed in County Clerk's office, May 18 1912 By John B. Slagoda County Clerk Kankakee