

CERTIFICATE AND RECORD OF DEATH OF

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

1. Full Name Carolina Chumal

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

3. (a) Birthplace \_\_\_\_\_ (State or Country) (b) Date of Birth \_\_\_\_\_

4. Age 35 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
(If less than One Day old)

5. Died on the 1st Day of Feb. 1912 at about 2:45 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 Hankakee State Hospital County of Hankakee  
(Township, Village or City. If in City, Number of Street and Ward)

14. { Place of Burial Hospital 15. Undertaker L. T. Newton License No. \_\_\_\_\_  
Date of Burial \_\_\_\_\_ Hour \_\_\_\_\_ M. Address Hospital }

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.

**Physician's Certificate of Cause of Death**

I **Hereby Certify** That I attended Deceased from 1-29 1912 to 2-1 1912. That I last saw her alive on the 1st day of February 1912. That death occurred, on date stated above, at about 2:45 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>Organic Brain Disease</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary) _____	

Witness my hand This 2nd day of Feb. 1912 (Signature) F. J. Sullivan M. D.  
Address Hankakee  
Filed in County Clerk's office, Jan 11 1912 By J. P. Nagales County Clerk

CERTIFICATE AND RECORD OF DEATH OF

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

1. Full Name Katherine McDannell

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

3. (a) Birthplace Penn. (State or Country) (b) Date of Birth \_\_\_\_\_

4. Age 33 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
(If less than One Day old)

5. Died on the 8th Day of Jan. 1912 at about 1:20 P. M.

6. Last Occupation Stenographer (Profession, Trade or Kind of Industry or Business)  
From Year \_\_\_\_\_ To Year \_\_\_\_\_

7. Previous Occupation (if any) \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

8. Place of Death Hankakee State Hospital County of Hankakee  
(Township, Village or City. If in City, Number of Street and Ward)

14. { Place of Burial Hankakee 15. Undertaker Hickey & Son License No. \_\_\_\_\_  
Date of Burial Jan 9 1912 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 \_\_\_\_\_ (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.

**Physician's Certificate of Cause of Death**

I **Hereby Certify** That I attended Deceased from 1-3 1912 to 1-8 1912. That I last saw her alive on the 3th day of January 1912. That death occurred, on date stated above, at about 1:45 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>Broncho Pneumonia</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary) _____	

Witness my hand This 2nd day of Jan 1912 (Signature) F. J. Sullivan M. D.  
Address Hankakee  
Filed in County Clerk's office, Jan 11 1912 By J. P. Nagales County Clerk