

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name John Mueller

2. (a) Sex Male (b) Color White (c) Single Married

3. (a) Birthplace Prussia (b) Date of Birth _____

4. Age _____ Years _____ Months _____ Days _____ Hours _____

5. Died on the 22nd Day of February 1915 at about 2 P. M.

6. Last Occupation Shoemaker
(Profession, Trade or Kind of Industry or Business)

7. Previous Occupation (if any) _____

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 J. Baker 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.

Physician's Certificate of Cause of Death

I hereby certify That I attended Deceased from 2-17 1915 to 2-22 1915. That I last saw her alive on the 22nd day of February 1915. That death occurred, on date stated above, at about 6:30 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) <u>Chronic Endocarditis</u>	

Witness my hand This 23rd day of February 1915 (Signature) T. J. Sullivan M. D.
Address Kankakee
Filed in County Clerk's office June 18 1915 By J. B. Flageole County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Filbert Chapsaddle

2. (a) Sex Male (b) Color White (c) Single Married

3. (a) Birthplace New York (b) Date of Birth 1882

4. Age 80 Years _____ Months _____ Days _____ Hours _____

5. Died on the 17th Day of January 1915 at about 8 A. M.

6. Last Occupation Farmer
(Profession, Trade or Kind of Industry or Business)

7. Previous Occupation (if any) _____

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

14. { Place of Burial Kankakee 15. Undertaker _____ License No. _____
Date of Burial Jan 20 1915 Hour 10 A. 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 Jan 14 1915 to Jan 16 1915. That I last saw him alive on the 16th day of Jan 1915. That death occurred, on date stated above, at about 8:30 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>Pneumonia</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary) <u>Senility</u>	

Witness my hand This 18th day of January 1915 (Signature) Fred C. Hamilton M. D.
Address Kankakee
Filed in County Clerk's office June 18 1915 By J. B. Flageole County Clerk