

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Mrs. Ada Alexander
 2. (a) Sex Female (b) Color White (c) Single Widowed
 3. (a) Birthplace Illinois (b) Date of Birth Feb 8, 1880
 4. Age 35 Years _____ Months _____ Days _____ Hours _____
 5. Died on the 6th Day of March 1915 at about 7 M.
 6. Last Occupation Housekeeping
 (From Year 1906 To Year 1915)
 7. Previous Occupation (if any) At Home
 From Birth To _____
 8. Place of Death Montross, Ill. County of _____
 14. { Place of Burial Montross, Ill. 15. Undertaker J. C. Marceau License No. _____
 { Date of Burial March 8, 1915 Hour 10 A.M. Address Montross, Illinois }

County _____
 9. How long in State During Life
 10. { How long in U. S. _____
 if Foreign born _____
 11. { (a) Name of Father Oliver Hubert
 (b) Birthplace of Father Canada
 12. { (a) Maiden name of Mother Anna Grise
 (b) Birthplace of Mother Canada
 The foregoing stated personal particulars are true to the best of my knowledge and belief.
 13. { Informant Oliver Hubert
 Address Montross, Ill.

Physician's Certificate of Cause of Death

I hereby Certify That I attended Deceased from Feb 27 1915 to March 6 1915 That I last saw her alive on the 6th day of March 1915 That death occurred, on date stated above, at about 7 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>Puerperal Septicemia</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary) <u>Delayed abortion 6th to 8th week</u>	

Witness my hand This 21st day of March 1915 (Signature) R. J. Thomas M. D.
 Address Montross, Ill.
 Filed in County Clerk's office, July 5 1915 By J. D. Blagdale County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Arnold Moulthan
 2. (a) Sex Male (b) Color White (c) Single Married
 3. (a) Birthplace Yellowhead (b) Date of Birth Apr 26 '12
 4. Age _____ Years 11 Months _____ Days 10 Hours _____
 5. Died on the 10th Day of March 1915 at about 12 M.
 6. Last Occupation _____
 (From Year _____ To Year _____)
 7. Previous Occupation (if any) _____
 From _____ To _____
 8. Place of Death Yellowhead County of Franklin
 14. { Place of Burial Wargren Cemetery 15. Undertaker Feverbaugh License No. _____
 { Date of Burial March 13 Hour 7 M. Address Grant Park, Ill. }

County _____
 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 hereby Certify That I attended Deceased from Feb 5 1915 to March 10 1915 That I last saw her alive on the 10th day of March 1915 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>Branchial Pneuromia</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary)	

Witness my hand This 20th day of March 1915 (Signature) J. W. [unclear] M. D.
 Address Grant Park
 Filed in County Clerk's office, July 5 1915 By J. D. Blagdale County Clerk