

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Francis Law

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

3. (a) Birthplace Killeshay, Ireland (b) Date of Birth _____
(State or Country)

4. Age 54 Years 3 Months 22 Days _____ Hours _____
(If less than One Day old) 45

5. Died on the 18th Day of November 1912 at about 1:22 P.M.

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

7. Previous Occupation (if any) Plastering - home decorating
From _____ To _____
(Date) (Date)

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

14. { Place of Burial St. Mary Cemetery 15. Undertaker E. Melley License No. _____
Date of Burial Nov 22 1912 Hour 2:30 P.M. Address Monmouth

9. How long in State 18 yrs

10. { How long in U. S. _____
if Foreign born 66 yrs

11. { (a) Name of Father Francis Law
(b) Birthplace of Father Ireland
(State or Country)

12. { (a) Maiden name of Mother Mary Bragg
(b) Birthplace of Mother Ireland
(State or Country)

The foregoing stated personal particulars are true to the best of my knowledge and belief.

13. Informant My Francis Law
Address St. Leonard Ave

Physician's Certificate of Cause of Death

I hereby Certify That I attended Deceased from Jan 1 1912 to Nov 18 1912 That I last saw him alive on the 16th day of Nov 1912 That death occurred, on date stated above, at about 10:30 o'clock P.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 FAD)

| (a) Cause of Death | Duration in Years, Months, Days or Hours |
|-------------------------------|--|
| <u>Pulmonary Tuberculosis</u> | |
| (b) Contributory (Secondary) | |

Witness my hand This 30th day of November 1912 (Signature) C. T. Shrout M. D.
Address Monmouth Ill
Filed in County Clerk's office, Aug 28 1912 By J. B. Lagole County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Jeff Thompson

2. (a) Sex Male (b) Color Colored (c) Single Married
Married Married
Widowed
Divorced

3. (a) Birthplace Mississippi (b) Date of Birth _____
(State or Country)

4. Age About 40 Years _____ Months _____ Days _____ Hours _____
(If less than One Day old)

5. Died on the Labourer Day of _____ 1912 at about _____ M.

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

7. Previous Occupation (if any) _____
From _____ To _____
(Date) (Date)

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

14. { Place of Burial Mound Grove Cemetery 15. Undertaker David Lavery License No. _____
Date of Burial Dec 2-12 Hour 2 P.M. Address Kankakee

9. How long in State _____

10. { How long in U. S. Life
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 Frank Walling
Address Kankakee

Physician's Certificate of Cause of Death

I hereby Certify That I attended Deceased from Dec 20 1912 to Dec 20 1912 That I last saw him alive on the 20th day of November 1912 That death occurred, on date stated above, at about 9 o'clock P.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 FAD)

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

Witness my hand This end day of December 1912 (Signature) Paul R. Badger M. D.
Address Kankakee
Filed in County Clerk's office, Aug 28 1912 By J. B. Lagole County Clerk