

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Emma Ford

2. (a) Sex F (b) Color W (c) Single Married Widowed Divorced

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

4. Age 63 Years _____ Months _____ Days _____ Hours _____ (If less than One Day old)

5. Died on the and July Day of 1913 at about 2 P.M.

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

7. Previous Occupation (if any) _____

8. Place of Death Kankakee State Hosp County of Kankakee

14. Place of Burial _____ 15. Undertaker _____ License No. _____

Date of Burial _____ 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 July 5 1913 to July 12 1913. That I last saw her alive on the 12th day of July 1913. That death occurred, on date stated above, at about 2 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 | Duration in Years, Months, Days or Hours |
|---|--|
| <u>Cerebral Thrombosis</u> | |
| (b) Contributory (Secondary) <u>Arterio Sclerosis</u> | |

Witness my hand This 13th day of July 1913

(Signature) J. B. Sullivan M. D.
Address Kankakee

Filed in County Clerk's office, Sept 15 1913 By J. B. Plagisch County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Remise Sabrique

2. (a) Sex F (b) Color W (c) Single Married Widowed Divorced

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

4. Age 64 Years _____ Months _____ Days _____ Hours _____ (If less than One Day old)

5. Died on the 12th Day of July 1913 at about 11 P.M.

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

7. Previous Occupation (if any) _____

8. Place of Death Kankakee State Hospital County of Kankakee

14. Place of Burial Chicago, Ill 15. Undertaker D. Lavery 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 July 9 1913 to July 12 1913. That I last saw her alive on the 12th day of July 1913. That death occurred, on date stated above, at about 11:25 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 | Duration in Years, Months, Days or Hours |
|---|--|
| <u>Cerebral Softening</u> | |
| (b) Contributory (Secondary) <u>Arterio Sclerosis</u> | |

Witness my hand This 13th day of July 1913

(Signature) J. B. Sullivan M. D.
Address Kankakee

Filed in County Clerk's office, Sept 15 1913 By J. B. Plagisch County Clerk