

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

County _____

1. Full Name Delia Waldron

2. (a) Sex female (b) Color white (c) Single Married Widowed Divorced

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

4. Age 61 Years _____ Months _____ Days _____ Hours _____ (If less than One Day old)

5. Died on the 24th Day of Sept 1913 at about 7:45 P.M.

6. Last Occupation Housework (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 Javery License No. _____

Date of Burial Sept 24 1913 Hour _____ M. Address Kankakee

9. How long in State life

10. How long in U. S. _____ if Foreign born _____

11. (a) Name of Father _____ (b) Birthplace of Father New York (State or Country)

12. (a) Maiden name of Mother _____ (b) Birthplace of Mother New York (State or Country)

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

13. Informant Hospital Records Address Kankakee

Physician's Certificate of Cause of Death

I **Hereby Certify** That I attended Deceased from Aug 2 1913 to Sept 23 1913 That I last saw her alive on the 22nd day of Sept 1913 That death occurred, on date stated above, at about 7:45 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>Arterio sclerosis</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary) <u>Post Apoplectic Paralysis</u>	

Witness my hand This 24th day of September 1913 (Signature) Russell S. Frick M. D. Address Kankakee Ill

Filed in County Clerk's office, Nov 8 1913 By J.B. Blagoe County Clerk

CERTIFICATE

1. Full Name _____

2. (a) Sex Ma

3. (a) Birthplace _____

4. Age 52

5. Died on the _____

6. Last Occupation _____

7. Previous Occupation _____

8. Place of Death Kankakee

14. Place of Burial _____ Date of Burial _____

I **Hereby** saw her alive on 10 o'clock

(a) Cause of D	Duration in Years, Months, Days or Hours
(b) Contributor	

Witness _____ day of _____ Filed in County Clerk's office _____

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

County _____

1. Full Name Nick Mellowate

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

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

4. Age 25 Years _____ Months _____ Days _____ Hours _____ (If less than One Day old)

5. Died on the 7th Day of Sept 1913 at about 8 P.M.

6. Last Occupation Laborer (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 Kankakee State Hospital 15. Undertaker W Yates License No. _____

Date of Burial Sept 11 1913 Hour _____ M. Address Kankakee Ill.

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.

13. Informant Hospital Records Address Kankakee

Physician's Certificate of Cause of Death

I **Hereby Certify** That I attended Deceased from August 10th 1913 to Sept 7 1913 That I last saw him alive on the 7th day of Sept 1913 That death occurred, on date stated above, at about 8:30 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 FED)

(a) Cause of Death <u>Exhaustion in course of Dementia Praecox</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary) <u>Dementia Praecox</u>	

Witness my hand This 8th day of Sept 1913 (Signature) R.S. Frick M. D. Address Kankakee

Filed in County Clerk's office, Nov 8 1913 By J.B. Blagoe County Clerk

CERTIFICATE

1. Full Name _____

2. (a) Sex ma

3. (a) Birthplace _____

4. Age 8

5. Died on the _____

6. Last Occupation _____

7. Previous Occupation _____

8. Place of Death Kankakee

14. Place of Burial _____ Date of Burial _____

I **Hereby** saw her alive on 7:30 o'clock

(a) Cause of	Duration in Years, Months, Days or Hours
(b) Contribu	

Witness _____ day of _____ Filed in County Clerk's office _____