

CERTIFICATE AND RECORD OF DEATH OF

Registered No. \_\_\_\_\_

County \_\_\_\_\_

1. Full Name Wm. Starn  
 2. (a) Sex Male (b) Color White (c) ~~Single~~ Married Married  
 3. (a) Birthplace America (b) Date of Birth \_\_\_\_\_  
 4. Age 55 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
 5. Died on the 16th Day of October 1913 at about 2:05 P.M.  
 6. Last Occupation Restaurant Keeper  
 7. Previous Occupation (if any) \_\_\_\_\_  
 8. Place of Death State Hospital County of \_\_\_\_\_  
 14. Place of Burial Hospital 15. Undertaker Wm. Yates License No. \_\_\_\_\_  
 Date of Burial Oct 21st 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 \_\_\_\_\_  
 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 State Has Records  
 Address Kankakee

Physician's Certificate of Cause of Death

I **Hereby Certify** That I attended Deceased from Oct 14 1913 to Oct 16 1913. That I last saw him alive on the 16th day of October 1913. That death occurred, on date stated above, at about 2:05 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	Duration in Years, Months, Days or Hours
<u>Lobar Pneumonia</u>	
(b) Contributory (Secondary)	

Witness my hand This 16th day of October 1913 (Signature) D. L. B. M. D.  
 Address Kankakee Ill  
 Filed in County Clerk's office, Dec 10 1913 By J. B. P. Dugdale County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. \_\_\_\_\_

County \_\_\_\_\_

1. Full Name Georgia A. Penoville  
 2. (a) Sex female (b) Color white (c) ~~Single~~ Married Married  
 3. (a) Birthplace \_\_\_\_\_ (b) Date of Birth \_\_\_\_\_  
 4. Age 59 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
 5. Died on the 29th Day of Oct 1913 at about 9:30 P.M.  
 6. Last Occupation Housewife  
 7. Previous Occupation (if any) \_\_\_\_\_  
 8. Place of Death Kankakee County of Kankakee  
 14. Place of Burial Kankakee 15. Undertaker J. L. Pugh License No. \_\_\_\_\_  
 Date of Burial Nov 1st 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 \_\_\_\_\_  
 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 G. A. Penoville  
 Address Kankakee Ill

Physician's Certificate of Cause of Death

I **Hereby Certify** That I attended Deceased from Oct 14 1913 to Oct 29 1913. That I last saw her alive on the 29th day of Oct 1913. That death occurred, on date stated above, at about 9:30 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	Duration in Years, Months, Days or Hours
<u>Pellagra</u>	
(b) Contributory (Secondary)	

Witness my hand This 30th day of Oct 1913 (Signature) J. L. Pugh M. D.  
 Address Kankakee Ill  
 Filed in County Clerk's office, Dec 10 1913 By J. B. P. Dugdale County Clerk