

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Jane Maria Mathews Miller

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

3. (a) Birthplace New York State (b) Date of Birth Aug 12 1871

4. Age 92 Years 4 Months 18 Days (If less than One Day old) Hours _____

5. Died on the 30th Day of Dec 1913 at about 3 P.M.

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

7. Previous Occupation (if any) Music Teacher

From Year 1886 To Year 1913

8. Place of Death Momence County of Kankakee

14. Place of Burial Momence Cemetery 15. Undertaker J. E. Melby License No. _____

Date of Burial Jan 2nd 1914 Hour 10 M. Address Momence, Ill.

9. How long in State 61 years

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

11. (a) Name of Father John Mathews

(b) Birthplace of Father NY State

12. (a) Maiden name of Mother Mary Mathews

(b) Birthplace of Mother NY State

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

13. Informant H. C. Nail Address Momence, Ill.

Physician's Certificate of Cause of Death

I **Hereby Certify** That I attended Deceased from Dec 25 1913 to Dec 30 1913. That I last saw her alive on the 29th day of December 1913. That death occurred, on date stated above, at about 3 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>Acute Bronchitis</u>	
(b) Contributory (Secondary) <u>Neurasthenia - invalid for about 28 years</u>	

Witness my hand This 30th day of December 1913 (Signature) Isabel H. Schantz M. D.

Filed in County Clerk's office, March 26 1914 By: J. B. Lagole County Clerk

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name John Rogachius

2. (a) Sex Male (b) Color white (c) Single Married

3. (a) Birthplace Kankakee (b) Date of Birth Jan 10 1913

4. Age 11 Years 20 Months 20 Days (If less than One Day old) Hours _____

5. Died on the 26th Day of Dec 1913 at about 9 P.M.

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

7. Previous Occupation (if any) _____

From Year _____ To Year _____

8. Place of Death Kankakee, Ill County of _____

14. Place of Burial Kankakee, Ill 15. Undertaker Richd E. Kent License No. _____

Date of Burial Dec 27 1913 Hour 4 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 _____ Address _____

Physician's Certificate of Cause of Death

I **Hereby Certify** That I attended Deceased from Dec 21 1913 to Dec 26 1913. That I last saw him alive on the 26th day of December 1913. That death occurred, on date stated above, at about 9 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>Pneumonia</u>	
(b) Contributory (Secondary) _____	

Witness my hand This 31st day of December 1913 (Signature) Fred L. Hamilton M. D.

Filed in County Clerk's office, March 26 1914 By: J. B. Lagole County Clerk Kankakee, Ill