

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____
County _____

1. Full Name John M. Hawerton
 2. (a) Sex Male (b) Color White (c) Single Single
 3. (a) Birthplace Illinois (b) Date of Birth _____
 4. Age 27 Years _____ Months _____ Days _____ Hours _____
 5. Died on the 12th Day of Jan 1914 at about 10:30 A.M.
 6. Last Occupation Laborer
 7. Previous Occupation (if any) _____
 8. Place of Death State Hospital - Kankakee County of Kankakee
 11. (a) Name of Father _____ (b) Birthplace of Father U.S.
 12. (a) Maiden name of Mother _____ (b) Birthplace of Mother U.S.
 9. How long in State Life
 10. How long in U. S. if Foreign born _____
 13. Informant State Recs. Records
 Address Kankakee Ill.
 14. Place of Burial Chicago Illinois 15. Undertaker J. Wickes License No. _____
 Date of Burial January 13, 1914 Hour _____ M. Address Kankakee, Ill.

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 Jan 7 1914 to Jan 12 1914 That I last saw him alive on the 12th day of January 1914 That death occurred, on date stated above, at about 10:30 o'clock A. 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>General Paralysis of Insane.</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary) _____	

Witness my hand This 13th day of January 1914 (Signature) D. L. Fish M. D.
 Address Kankakee, Ill.
 Filed in County Clerk's office, April 8 1914 By J. B. Stagliola County Clerk Kankakee Ill.

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____
County _____

1. Full Name Oliver Lequier
 2. (a) Sex Male (b) Color White (c) Single Unknown
 3. (a) Birthplace Canada (b) Date of Birth _____
 4. Age 68 Years _____ Months _____ Days _____ Hours _____
 5. Died on the 14th Day of January 1914 at about 5 P.M.
 6. Last Occupation Do not know
 7. Previous Occupation (if any) _____
 8. Place of Death State Hospital Kankakee County of Kankakee
 11. (a) Name of Father _____ (b) Birthplace of Father _____
 12. (a) Maiden name of Mother _____ (b) Birthplace of Mother _____
 9. How long in State Unknown
 10. How long in U. S. if Foreign born _____
 13. Informant State Recs. Records
 Address Kankakee, Ill.
 14. Place of Burial Kankakee, Ill. 15. Undertaker J. Wickes License No. _____
 Date of Burial January 15, 1914 Hour _____ M. Address Kankakee, Ill.

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 January 10 1914 to January 14 1914 That I last saw him alive on the 14th day of January 1914 That death occurred, on date stated above, at about 10 o'clock P. M., and that to the best of my knowledge and belief the cause of _____ death was as hereunder written.

(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) Cause of Death <u>Broncho Pneumonia</u>	Duration in Years, Months, Days or Hours
(b) Contributory (Secondary) <u>Operation for Strangulated Hernia</u>	

Witness my hand This 15th day of January 1914 (Signature) D. L. Fish M. D.
 Address Kankakee Ill.
 Filed in County Clerk's office, April 8 1914 By J. B. Stagliola County Clerk Kankakee Ill.