

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name Fred T. Wise
 2. (a) Sex M (b) Color W (c) Single Married
 3. (a) Birthplace Iowa (b) Date of Birth Married
 4. Age 44 Years Months _____ Days _____
 5. Died on the 11th Day of July 1914 at about 9 P.M.
 6. Last Occupation Insurance (Fire)
 (Profession, Trade or Kind of Industry or Business)
 7. Previous Occupation (if any) _____
 8. Place of Death Kankakee State Hosp County of Kankakee
 (Township, Village or City. If in City, Number of Street and Ward)
 14. { Place of Burial Springfield Ill 15. Undertaker J. Lavery License No. _____
 Date of Burial _____ 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 Ohio (State or Country)
 12. (a) Maiden name of Mother _____
 (b) Birthplace of Mother Michigan (State or Country)
 The foregoing stated personal particulars are true to the best of my knowledge and belief.
 13. Informant Hospital Records
 Address 117 N. State St. N.Y.

Physician's Certificate of Cause of Death

I hereby certify That I attended Deceased from June 30 1914 to July 11 1914 That I last saw him alive on the 11th day of July 1914 That death occurred, on date stated above, at about 9:00 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) <u>Diphtheria</u>	

Witness my hand This 13th day of July 1914 (Signature) E. B. Pratt M. D.
 Address Kankakee State Hospital
 Filed in County Clerk's office, Sept 16 1914 By J. B. Flagoles County Clerk Kankakee Ill

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

1. Full Name George Johnson
 2. (a) Sex M (b) Color W (c) Single Married
 3. (a) Birthplace S. Dakota (b) Date of Birth March 20 1888
 4. Age 26 Years Months 5 Days 20
 5. Died on the 14 Day of Sept 1914 at about 4 AM
 6. Last Occupation Housewife
 (Profession, Trade or Kind of Industry or Business)
 7. Previous Occupation (if any) _____
 8. Place of Death Morse Ill. County of Kankakee
 (Township, Village or City. If in City, Number of Street and Ward)
 14. { Place of Burial Independence Ill 15. Undertaker J. E. Melby License No. _____
 Date of Burial _____ Hour _____ M. Address Morse Ill

9. How long in State 4 yrs
 10. How long in U. S. _____ if Foreign born _____
 11. (a) Name of Father Robert Dickson
 (b) Birthplace of Father Ohio (State or Country)
 12. (a) Maiden name of Mother Ella Peterson
 (b) Birthplace of Mother Iowa (State or County)
 The foregoing stated personal particulars are true to the best of my knowledge and belief.
 13. Informant Max Buchanan
 Address Independence Ill

Physician's Certificate of Cause of Death

I hereby certify That I attended Deceased from Sept 1 1914 to Sept 14 1914 That I last saw her alive on the 14 day of Sept 1914 That death occurred, on date stated above, at about 4 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>Into Pregnancy of internal hemorrhage</u>	Duration in Years, Months, Days or Hours <u>26 hours</u>
(b) Contributory (Secondary) <u>Suppression of Urine Albuminuria</u>	<u>W.R.</u>

Witness my hand This 2 day of October 1914 (Signature) J. B. Pratt M. D.
 Address Morse Ill
 Filed in County Clerk's office, _____ 1914 By J. B. Flagoles County Clerk