

881 - Revised 1910

P. F. Feltz & Co., Law and Public Office Stationers, Chicago

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

Kankakee County

1. Full Name Estelene Promatic
2. (a) Sex M (b) Color W (c) Single Married Widower
3. (a) Birthplace Germany (b) Date of Birth _____
4. Age 20 Years 7 Months _____ Days _____ Hours _____
5. Died on the 9 Day of July 1912 at about 1:15 P. M.
6. Last Occupation Labour (Profession, Trade or Kind of Industry or Business)

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.

7. Previous Occupation (if any) _____
8. Place of Death Kankakee State Hospital County of Kankakee
(Township, Village or City. If in City, Number of Street and Ward)

13. Informant _____
Address _____

14. Place of Burial Moore 15. Undertaker J. G. Dick License No. _____
Date of Burial 9th Hour _____ M. Address Kankakee

Physician's Certificate of Cause of Death

I **Hereby Certify** That I attended Deceased from April 30 1912 to July 9 1912 That I last saw her alive on the 9 day of July 1912 That death occurred, on date stated above, at about _____ o'clock _____ 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>Chronic Endocarditis</u>	Duration in Years, Months, Days or Hours <u>3</u>
(b) Contributory (Secondary) _____	<u>3</u>

Witness my hand This 10 day of July 1912 (Signature) F. J. Sullivan M. D.
Address Hospital Ill
Filed in County Clerk's office, Sept 21 1912 By John B. Plager County Clerk Kankakee

CERTIFICATE AND RECORD OF DEATH OF

Registered No. _____

County

1. Full Name Anna Elizabeth Miller
2. (a) Sex Female (b) Color White (c) Single Married Widowed Divorced
3. (a) Birthplace Oldenburgh, Germany (b) Date of Birth _____
4. Age 77 Years 10 Months 14 Days _____ Hours _____
5. Died on the 20 Day of July 1912 at about 12:45 M.
6. Last Occupation House wife (Profession, Trade or Kind of Industry or Business)

9. How long in State 50 years
10. How long in U. S. 30 years if Foreign born _____
11. (a) Name of Father Agner
(b) Birthplace of Father Germany (State or Country)
12. (a) Maiden name of Mother Don't know
(b) Birthplace of Mother _____ (State or Country)

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

7. Previous Occupation (if any) _____
8. Place of Death Summer Township County of Kankakee
(Township, Village or City. If in City, Number of Street and Ward)

13. Informant Herbert Wheeler
Address Grant Park, Ill

14. Place of Burial Moore cemetery 15. Undertaker Fred C. Tenenbaugh License No. 3320
Date of Burial July 22 1912 Hour _____ M. Address Grant Park, Ill

Physician's Certificate of Cause of Death

I **Hereby Certify** That I attended Deceased from July 15 1912 to July 19 1912 That I last saw her alive on the 19 day of July 1912 That death occurred, on date stated above, at about 12:15 o'clock _____ 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>Angina Pectoris</u>	Duration in Years, Months, Days or Hours <u>30 min year</u>
(b) Contributory (Secondary) <u>Gall stones</u>	<u>4 min to 10 min</u>

Witness my hand This 20 day of July 1912 (Signature) Herbert Wheeler M. D.
Address Grant Park, Ill
Filed in County Clerk's office, 21 1912 By John B. Plager County Clerk Kankakee