STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD
CERTIFICATE OF DEATH

Registered No. 35

1. PLACE OF DEATH

County Champaign

Township or Road Dist. Rantoul

or Incorp. Town or Village

or City ..... No. ..... St. ..... Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration Dist. No. 4161

Primary Dist. No. 4161

4031

10

2. FULL NAME Nancy Mounts Parker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6. DATE OF BIRTH: April 24 (Month) (Day) 1872 (Year)

7. AGE: 36 yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. OR min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Champaign Co Ill

PARENTS

10. NAME OF FATHER: Joseph Mounts

11. BIRTHPLACE OF FATHER (State or country): Ill

12. MAIDEN NAME OF MOTHER: Lizzie Mounts

13. BIRTHPLACE OF MOTHER (State or country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jos Mounts
(Address) Rantoul Ill

15. Filed Dec 30, 1914 N. D. Gelvin Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 10-14 (Month) (Day) 1914 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-10-, 1914, to 10-13-, 1914, that I last saw h alive on 10-12-, 1914, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows: 1

Spanish Influenza

(Duration) yrs. mos. 4 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) D M Brewer, M. D.

(Address) Rantoul Ill

Date 10-15-, 1914 Telephone 8

15. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In this State yrs. mos. ds.
Where did disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Maplewood Cem — DATE OF BURIAL: Oct 14, 1914

20. UNDERTAKER: Leonard & Burr — ADDRESS: Rantoul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.?

U. S. No. 1 15M-10-24-16

STATE OF ILLINOIS
State Board of Health - Bureau of Vital Statistics
ORIGINAL

STANDARD
CERTIFICATE OF DEATH

Registered No. 15

4124

1. PLACE OF DEATH

County Champaign

Township or Road Dist. } Pesotum

or Incorp. Town or Village } or City

Registration Dist. No. 92

Primary Dist. No. 6168

No. ..... St.; ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Donald Allen Cooper

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6. DATE OF BIRTH: April (Month) 9 (Day), 1912 (Year)

7. AGE: Six yrs. 7 mos. 14 dys. If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or country): Champaign, Illinois

PARENTS

10. NAME OF FATHER: Ira Monts Cooper

11. BIRTHPLACE OF FATHER (State or country): Champaign, Illinois

12. MAIDEN NAME OF MOTHER: Ama Knapp

13. BIRTHPLACE OF MOTHER (State or country): Tennessee

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ira M. Cooper

(Address) Pesotum, Illinois

15. Filed Oct 25th, 1918 A. W. Schurg, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 23 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1918 to Oct 23, 1918, that I last saw h.. alive on Oct 22, 1918, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar).

(Duration) ... yrs. ... mos. 3 ds.

Contributory (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible], M. D.

(Address) Pesotum, Ill.

Date Nov 3, 1918 Telephone 343, 14 3

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Pesotum Ill. DATE OF BURIAL: 10/25, 1918

20. UNDERTAKER: [illegible] ADDRESS: Pesotum Ill.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

Has decedent ever served in military or naval service of U. S.?

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD
CERTIFICATE OF DEATH

Registered No. 4119

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1. PLACE OF DEATH

County Champaign

Registration Dist. No. 104

Primary Dist. No. 4166

Township or Road Dist. }

or Incorp. Town or Village }

or City Tolono

No. ..... St. ..... Ward .....

2. FULL NAME Edwin Thomas Meharry

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
m	w	

6. DATE OF BIRTH Nov 30, 1881 (Month) (Day) (Year)

7. AGE 36 yrs. 10 mos. 22 ds. If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Illinois

PARENTS

10. NAME OF FATHER: Jesse Meharry
11. BIRTHPLACE OF FATHER (State or country): Wingate Ind.
12. MAIDEN NAME OF MOTHER: Adeline A. Francis
13. BIRTHPLACE OF MOTHER (State or country): New Lenox Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paul Meharry

(Address) Tolono Ill

15. Filed ..... 191 ..... Registrar: J C Giles

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 22, 1918 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1918 to Oct 22, 1918, that I last saw him alive on Oct 22d, 1918, and that death occurred, on the date stated above, at 9.55 P.M.

The CAUSE OF DEATH* was as follows:

Spanish Influenza

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Pneumonia

(Duration) ..... yrs. 5 mos. 8 ds.

(Signed) Wm Hartson M.D.

(Address) 310 Ill. Bldg. Champaign

Date Oct 23d, 1918. Telephone Bell 950

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Mt Hope — DATE OF BURIAL 10/24, 1918

20. UNDERTAKER Evans & Bennett — ADDRESS Urbana

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

Has decedent ever served in military or naval service of U. S.?

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

CERTIFICATE OF DEATH

Registered No. 1105 4117

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village or City Tolono

Registration Dist. No. 104

Primary Dist. No. 4166

No. ..... St. ..... Ward .....

If death occurred in a hospital or institution, give its NAME instead of street and number.

2. FULL NAME William John Latcheskal

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: January (Month) 13th (Day) 1897 (Year)

7. AGE: 21 yrs. 9 mos. 10 ds. If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Battery man
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Illinois

PARENTS

10. NAME OF FATHER: John Latcheskal

11. BIRTHPLACE OF FATHER (State or country): Germany

12. MAIDEN NAME OF MOTHER: Minnie Bajanski

13. BIRTHPLACE OF MOTHER (State or country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Latcheskal

(Address) Tolono Ills

15. Filed ..... 191.... J C Pile Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. 23 (Month) (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1918 to Oct. 23, 1918, that I last saw him alive on Oct. 23, 1918, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Influenza followed by Pneumonia

(a) ..... (Duration) yrs. mos. 8 ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Waident M. D.

(Address) Tolono Ills

Date ....., 191.... Telephone .....

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Tolono Ash Grove Cemetery

DATE OF BURIAL: Oct 25, 1918

20. UNDERTAKER: Heinz & Cremer

ADDRESS: Tolono Ills

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

Has decedent ever served in military or naval service of U. S.? No.

U. S. No. 4
300M—10-5415

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics — ORIGINAL

STANDARD
CERTIFICATE OF DEATH

Registered No. 11

1. PLACE OF DEATH
County Champaign
Township or Road Dist. Scott
or Incorp. Town or Village
or City ..... No. 4112 St.; Ward
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration Dist. No. 6174
Primary Dist. No. 6174

2. FULL NAME Helen Rae Bell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single
6. DATE OF BIRTH: Feb (Month) 5 (Day) 1910 (Year)
7. AGE: 8 yrs. mos. da. If LESS than 1 day, hrs. OR min.
8. OCCUPATION
(a) Trade, profession, or particular kind of work: at School
(b) General nature of industry, business, or establishment in which employed (or employer)
9. BIRTHPLACE (State or country): Ill
PARENTS
10. NAME OF FATHER: E. A. Bell
11. BIRTHPLACE OF FATHER (State or country): Ill
12. MAIDEN NAME OF MOTHER: Jennie M Bodyer
13. BIRTHPLACE OF MOTHER (State or country): Ill
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E A Bell
(Address) Seymour Ill
15. Filed Oct 20, 1918 John W Bell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 18 (Day), 1918 (Year)
17. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1918, to Oct 18, 1918, that I last saw h alive on Oct 18, 1918, and that death occurred, on the date stated above, at 8:35 P. m.
The CAUSE OF DEATH* was as follows:
Pneumonia (Duration) yrs. mos. 3 da.
Contributory (Secondary) Influenza (Duration) yrs. mos. 3 da.
(Signed) [illegible] M. D.
(Address) Champaign Ill
Date Oct. 22, 1918 Telephone 2884

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rantoul — DATE OF BURIAL: Oct 22, 1918
20. UNDERTAKER: Lacas Mittendorf — ADDRESS: Champaign

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Has decedent ever served in military or naval service of U. S.?

300M—10-5-15
2 Pgs.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK -- THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, as that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 375M-10-24-16

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD CERTIFICATE OF DEATH

Registered No. 23

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1. PLACE OF DEATH

County Champaign

Township or Road Dist. Rantoul

or Incorp. Town or Village

or City ..... No. ..... St.; ..... Ward

Registration Dist. No. 4161

Primary Dist. No. 4161

4107 10

2. FULL NAME Frank Broom

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): X

6. DATE OF BIRTH: May (Month) 4 (Day) 1918 (Year)

7. AGE: 4 yrs. 7 mos. 17 ds. If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Illinois

PARENTS

10. NAME OF FATHER: James E Broom

11. BIRTHPLACE OF FATHER (State or country): Penn

12. MAIDEN NAME OF MOTHER: M Elizabeth Broom

13. BIRTHPLACE OF MOTHER (State or country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Karl E Broom

(Address): Thawnton

15. Filed 12-30, 1918 N D Eblin Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 21 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1918, to Oct 21, 1918, that I last saw h[illegible] alive on Oct 21st, 1918, and that death occurred, on the date stated above, at 11 53 m.

The CAUSE OF DEATH* was as follows:

1 Bronchial Pneumonia

developed in course of Influenza

10 Days (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secon[illegible]) Spanish Influenza

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas L Eblin, M. D.

(Address) Thawnton Ill

Date Oct 22, 1918 Telephone Com 1 2000

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Olney Ill — DATE OF BURIAL: 10/22, 1918

20. UNDERTAKER: [illegible] — ADDRESS

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

Has decedent ever served in military or naval service of U. S.?

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

STANDARD CERTIFICATE OF DEATH

ORIGIN C

Registered No. 141

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village or City: Urbana

Registration Dist. No. 90

Primary Dist. No. 6180

No. 4102 County Hospital St.; Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lida Minor

Has decedent ever served in military or naval service of U. S.?

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): M.

6. DATE OF BIRTH: Aug (Month) 31 (Day) (Year)

7. AGE: 31 yrs. mos. ds. If LESS than 1 day, hrs. OR min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country): Mt Vernon Ill

PARENTS

10. NAME OF FATHER: Van Woods

11. BIRTHPLACE OF FATHER (State or country):

12. MAIDEN NAME OF MOTHER: Eliz Woods

13. BIRTHPLACE OF MOTHER (State or country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Will Scott

(Address) Mt Vernon - Ill

15. Filed Oct 25, 1915 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 23 (Day), 191 (Y

17. I HEREBY CERTIFY, That I attended deceased f
October 20, 191 to October 23, 191
that I last saw h alive on October 22, 191
and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 16

Contributory (Secondary) Bronchopneumonia

(Duration) yrs. mos. 6

(Signed) Charles T Moss M.

(Address) Urbana Illinois

Date 10/25 191 5 Telephone 833

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: St Joe Ill — DATE OF BURIAL: 10/24 191

20. UNDERTAKER: Enos & Reimer — ADDRESS: Urbana

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

V. S. No. 4

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

CERTIFICATE OF DEATH

Registered No. 4093

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.?

1. PLACE OF DEATH

County Champaign

Township or Road Dist. } Ogden

or Incorp. Town or Village } .....

or City ..... No. ..... St. ..... Ward .....

Registration Dist. No. 97

Primary Dist. No. 6167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ada Margaretha Geides Bieber

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Aug. 14, 1869 (Month) (Day) (Year)

7. AGE: 49 yrs. 2 mos. ... ds. If LESS than 1 day, ... hrs. OR ... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer's Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or country): Germany

PARENTS

10. NAME OF FATHER: G H Geides

11. BIRTHPLACE OF FATHER (State or country): Germany

12. MAIDEN NAME OF MOTHER: Annie Harms

13. BIRTHPLACE OF MOTHER (State or country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. Gaeckwold
(Address) St Joseph Ill

15. Filed OCT 17 1918 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. (Month) 14 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1918 to Oct. 14, 1918, that I last saw h.e.r alive on Oct. 14, 1918, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. ... mos. 1 ds.

Contributory (Secondary) Influenza

(Duration) yrs. ... mos. ... ds.

(Signed) Wm A Potter M D
(Address) Royal Ill
Date Oct. 17, 1918 Telephone Ogden

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In this State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Robertson — DATE OF BURIAL: Oct 17, 1918

20. UNDERTAKER: Wallace Tarr — ADDRESS: Ogden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

V. S. No. 16 3753 2 3395

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD
CERTIFICATE OF DEATH

Registered No. 138

4057 164

Registration Dist. No. 89
Primary Dist. No. 3058

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

County Champaign

Township or Road Dist. }

or Incorp. Town or Village }

or City Champaign No. 34, E. Healey St.; Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Smart Abernathy

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): X

6. DATE OF BIRTH: Sept. 8, 1836 (Month) (Day) (Year)

7. AGE: 82 yrs. mos. 4 ds. If LESS than 1 day, hrs. OR min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Illinois

PARENTS

10. NAME OF FATHER: Robt Cornwell

11. BIRTHPLACE OF FATHER (State or country): Ohio

12. MAIDEN NAME OF MOTHER:

13. BIRTHPLACE OF MOTHER (State or country):

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Abernathy

(Address) Champaign Ill

15. Filed Sept 13, 1918 Harry King Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. 12, 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-9-, 1918 to 9-12-, 191 that I last saw her alive on 9-11-, 191 and that death occurred, on the date stated above, at 1:15 P.M.

The CAUSE OF DEATH* was as follows:

Drowning personal
Followed by
Pneumonia Broncho

(Duration) yrs. mos.

Contributory (Secondary) Convulsions

(Duration) yrs. mos.

(Signed) W. H. Dorner, M.D.

(Address) Champaign Ill

Date 191 Telephone

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. In the State yrs. mos.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt. Hope — DATE OF BURIAL: Sept-14, 191

20. UNDERTAKER: Guy Stewart — ADDRESS: Champaign

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

Has decedent ever served in military or naval service of U.S.? Yes

Correction entered as per letter of [illegible]

Item [illegible]

V. S. No. 4
375M-10-24-16
P3395

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD CERTIFICATE OF DEATH

Registered No. 24

1. PLACE OF DEATH

County CHAM

Township or Road Dist. or Incorp. Town or Village or City OGDEN

Registration Dist. No.

Primary Dist. No.

No. 407 St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Oscar Cantwell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6. DATE OF BIRTH ..... (Month) ..... (Day) ....., 1..... (Year)

7. AGE ..... yrs. ..... mos. ..... da. If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or country)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) Ogden Ill

15.

Filed ....., 191.....

OGDEN ILLINOIS Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct. 19, 1918
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1918 to Oct 18, 1918, that I last saw h??? alive on Oct. 18, 1918, and that death occurred, on the date stated above, at 8 30 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 3 da.

Contributory (Secondary) Influenza 7 days

Pulmonary Tuberculosis (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Geo. A. Potter, M. D.

(Address) Royal Ill

Date Oct. 31, 1918 Telephone Ogden -

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Evans Cemetery DATE OF BURIAL Oct 22, 191.

20. UNDERTAKER Wells & Fe ADDRESS Ogden Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

Has decedent ever served in military or naval service of U. S.?

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

CERTIFICATE OF DEATH

Registration Dist. No. 90

Primary Dist. No. 6180

4074

Registered No. 138

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village or City: Urbana

No. County Hospital St.; Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME John LaFaette Louis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): M

6. DATE OF BIRTH: October 20 (Month) (Day), 1885 (Year)

7. AGE: 33 yrs. — mos. ds. If LESS than 1 day, hrs. OR min.?

8. OCCUPATION (a) Trade, profession, or particular kind of work: Cook
(b) General nature of Industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country): Ky

PARENTS

10. NAME OF FATHER: Wesley Louis

11. BIRTHPLACE OF FATHER (State or country): Ky

12. MAIDEN NAME OF MOTHER: Mary

13. BIRTHPLACE OF MOTHER (State or country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. John L. Louis

(Address) County Hospital

15. Filed Oct 22, 1918 E B Holmes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 21, 1918 (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/19/18, 191 to 10/21/18, 1918,

that I last saw h alive on 10/21/18, 191,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 7 ds.

Contributory (Secondary) Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Charles Ahrens M. D.

(Address) Urbana Illinois

Date 10/21, 1918 Telephone 851

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: 10/22, 191

20. UNDERTAKER: Enos H. Kemper

ADDRESS: Urbana

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal

Has decedent ever served in military or naval service of U. S.?

of OCCUPATION is very important.

Paul Parker

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

☛ Has decedent ever served in military or naval service of U. S.?

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village or City

Registration Dist. No.

Primary Dist. No.

STATE OF ILLINOIS

State Board of Health . . Bureau of Vital

STANDARD

CERTIFICATE OF DE

2033

No. V. R. Urbana

2. FULL NAME Elsie Viola Slade

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: (illegible)

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (illegible) om

6. DATE OF BIRTH: (Month) (Day) 875 (Year)

7. AGE: 43 yrs. 10 mos. 1 da.

If LESS than 1 day, hrs. OR min.?

8. OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country): Ohio

PARENTS

10. NAME OF FATHER: George Hunt

11. BIRTHPLACE OF FATHER (State or country): Ohio

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15. Filed Oct 29, 1918 C B Holmes Registrar

MEDICAL CERTIFICATE

16. DATE OF DEATH: Oct 24 (Month)

17. I HEREBY CERTIFY, T

Oct 10, 191[illegible] to

that I last saw her alive on Oct

and that death occurred, on the date stated

The CAUSE OF DEATH* was as follows:

Cerebro thalmic

Contributory Influenza

(Signed) L. K. Vawter

(Address) 710 W Oregon

Date Oct 29, 191[illegible]

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. da.

In this State

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

(Cemetery) (illegible)

20. UNDERTAKER

(illegible)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL

FORM —10-5-15—

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has deceased ever served in military or naval service of U. S.? .....

1. PLACE OF DEATH:
County Champaign
Township or Road Dist. } Ogden
or Incorp. Town or Village } .....
or City .....
No. ..... St. ..... Ward ..... [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration Dist. No. .....
Primary Dist. No. 1

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics
ORIGINAL

STANDARD
CERTIFICATE OF DEATH

Registered No. 4035

2. FULL NAME Gesche T. Buhs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed
6. DATE OF BIRTH: Sept (Month) 26 (Day) 1839 (Year)
7. AGE: 79 yrs. ..... mos. 14 ds. ..... If LESS than 1 day: ..... hrs. OR ..... min.
8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
9. BIRTHPLACE (State or country): Germany

PARENTS
10. NAME OF FATHER: Ferd Fecht
11. BIRTHPLACE OF FATHER (State or country): Germany
12. MAIDEN NAME OF MOTHER: .....
13. BIRTHPLACE OF MOTHER (State or country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Buhs
(Address) Ogden Ills

15. Filed OCT 11 '18, 191.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. (Month) 10 (Day) 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1918 to Oct. 10, 1918, that I last saw h[illegible] alive on Oct. 10, 1918, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia
(Duration) ..... yrs. ..... mos. 5 ds.
Contributory (Secondary) Influenza
(Duration) ..... yrs. ..... mos. 6 ds.
(Signed) Geo. A. Potter, M. D.
(Address) Royal Illinois
Date ....., 191.. Telephone Ogden

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mcamara Cemetery — DATE OF BURIAL ....., 191..
20. UNDERTAKER: [illegible] — ADDRESS Lincoln Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

CERTIFICATE OF DEATH

Registered No. 31

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village or City St Joseph

Registration Dist. No. 102

Primary Dist. No. 4164

No. 4034 St.; Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Blanche Maude Huston

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Nov. (Month) 16 (Day), 1874 (Year)

7. AGE: 43 yrs. 11 mos. 7 ds. If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Monticello Illinois

PARENTS

10. NAME OF FATHER: J. A. Smith

11. BIRTHPLACE OF FATHER (State or country): Robbins Ohio

12. MAIDEN NAME OF MOTHER: Charity Custer

13. BIRTHPLACE OF MOTHER (State or country): Chambersburg Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mabel Smith
(Address) Monticello Ill

15. Filed 10/24, 1918 C. R. Nicco Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 23 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1918, to Oct 23, 1918, that I last saw her alive on Oct 23, 1918, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory (Secondary) Influenza (Duration) ... yrs. ... mos. 3 ds.

(Duration) ... yrs. ... mos. 10 ds.

(Signed) E. D. Kirkpatrick M. D.

(Address) St Joseph Ill

Date 10-24, 1918 Telephone

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Monticello Ill — DATE OF BURIAL: Oct - 24, 1918

20. UNDERTAKER: B. F. & W. Langellier — ADDRESS: St Joseph Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

Has decedent ever served in military or naval service of U. S.?

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 4
375 M—24-16
P 8995

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 375M-10-2-16 21395

STATE OF ILLINOIS
State Board of Health -- Bureau of Vital Statistics

ORIGINAL

STANDARD CERTIFICATE OF DEATH

Registered No. 10 4036

1. PLACE OF DEATH

County Champaign

Township or Road Dist. }

or Incorp. Town or Village }

or City St Joseph.

Registration Dist. No. 102

Primary Dist. No. 416.4

No. ; St.; Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Estbel A. Green

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (Write the word): Single

6. DATE OF BIRTH: May (Month) 5 (Day) 1897 (Year)

7. AGE: 21 yrs. 5 mos. 24 das. If LESS than 1 day, hrs. OR min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Ill

PARENTS

10. NAME OF FATHER: B C Green

11. BIRTHPLACE OF FATHER (State or country): Ill

12. MAIDEN NAME OF MOTHER: Jessie Birley

13. BIRTHPLACE OF MOTHER (State or country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs B C Green

(Address) St Joseph Ill

15. Filed 10/31, 1918 C R Mills Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 29 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1918 to Oct 29, 1918, that I last saw h[illegible] alive on Oct 29, 1918, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. das.

Contributory (Secondary) Pneumonia

(Duration) yrs. mos. 7 das.

(Signed) T F Dalton, M. D.

(Address) St Joseph Ill

Date, 191 Telephone 244

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. das. In the State yrs. mos. das.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Olive. DATE OF BURIAL: Oct 31, 1918

20. UNDERTAKER: Clifford & Troy ADDRESS: Champaign Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

Has decedent ever served in military or naval service of U. S.? No

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.? U.S.

V. S. No. 6
875M—30-24-16
2 P3395

ORIGINAL

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics 16

STANDARD
CERTIFICATE OF DEATH

C

Registered No. 23

1. PLACE OF DEATH

County Champaign

Registration Dist. No. 102
Primary Dist. No. 4164

Township or Road Dist. or Incorp. Town or Village or City St Joseph No. 4095 St.; Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Florence M Penrod.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE White

5. SINGLE, MARRIED, ~~WIDOWED,~~ OR DIVORCED (Write the word) Married

6. DATE OF BIRTH July (Month) 20 (Day) 1890 (Year)

7. AGE 28 yrs. 3 mos. 9 ds. If LESS than 1 day, ... hrs. OR ...... min.?

8. OCCUPATION (a) Trade, profession, or particular kind of work House wife (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country) Ind

PARENTS

10. NAME OF FATHER Perry Baker

11. BIRTHPLACE OF FATHER (State or country) Ill

12. MAIDEN NAME OF MOTHER Flora Barnes

13. BIRTHPLACE OF MOTHER (State or country) Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George O. Penrod

(Address) St. Joseph Ills.

15. Filed 10/31, 191 C. R. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 29 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1918, to Oct 29, 1918, that I last saw her alive on Oct 29, 1918, and that death occurred, on the date stated above, at 6.45 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ...... yrs. ...... mos. 3 ds.

Contributory (Secondary) Influenza

(Duration) ...... yrs. ...... mos. 7 ds.

(Signed) [illegible] M.D.

(Address) St Joseph Ill

Date 10-30, 1918 Telephone 2-33

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ...... yrs. ...... mos. ...... ds. In the State ...... yrs. ...... mos. ...... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Patterson — DATE OF BURIAL Oct 31, 1918

20. UNDERTAKER "Clifford A. King" — ADDRESS Champaign Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK -.- THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U.S.

V. S. No. 6
300M—10-5-15
2 Pads

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

Registered No. 21

4050

10

1. PLACE OF DEATH

County Champaign

Township or Road Dist. St. Joseph

or Incorp. Town or Village or City .... No. .... St.; .... Ward

Registration Dist. No. 102

Primary Dist. No. 6178

[If death occurred in a hospital or institution, give its name instead of street and number]

2. FULL NAME Minnie Alberta Huls

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Female	16. DATE OF DEATH: Oct 23 (Month) (Day)
4. COLOR OR RACE: Wh	
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married	
6. DATE OF BIRTH: March (Month) 21 (Day), 1890 (Year)	17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1918, to Oct 23, 191.., that I last saw h.. alive on Oct 23, and that death occurred, on the date stated above, at 9 P m.
7. AGE: 28 yrs. 7 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?	The CAUSE OF DEATH* was as follows: Influenza (Duration) .... yrs. .... mos. .... ds.
8. OCCUPATION (a) Trade, profession, or particular kind of work .... (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Secondary) Pneumonia (Duration) .... yrs. .... mos. .... ds.
9. BIRTHPLACE (State or country): Champaign Ill. / Illinois	(Signed) T. J. Dalton
PARENTS — 10. NAME OF FATHER: Albert J. Elxxxx	(Address) St. Joseph Ill
11. BIRTHPLACE OF FATHER (State or country): Champaign / Germany	Date Oct 23, 1918. Telephone 24 4
12. MAIDEN NAME OF MOTHER: Walk / Holker	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds. Where was disease contracted, if not at place of death? .... Former or usual residence ....
13. BIRTHPLACE OF MOTHER (State or country): Germany	19. PLACE OF BURIAL OR REMOVAL: Hickory Cemetery — DATE OF BURIAL: 10/27
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) George G. Huls (Address) St. Joseph Ill	20. UNDERTAKER: Hellner Bros. — ADDRESS: Ogden
15. Filed 10/10, 1918 C. R. Mills, Registrar	

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

name entered on certificate as Albert ... C. R. Mills 1/23/19

STATE OF ILLINOIS — ORIGINAL

State Board of Health - - Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

4023 10 — Registered No. 34

Registration Dist. No. 4161

Primary Dist. No. 4161

1. PLACE OF DEATH

County Champaign

Township or Road Dist. Harwood

or Incorp. Town or Village

or City ..... No. ..... St. ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Lawrence

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
male	white	✓

6. DATE OF BIRTH July (Month) 10 (Day), 1846 (Year)

7. AGE 72 yrs. 1 mos. 3 da. If LESS than 1 day, ... hrs. OR ..... min.

8. OCCUPATION

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country)

PARENTS

10. NAME OF FATHER John Lawrence

11. BIRTHPLACE OF FATHER (State or country) P.

12. MAIDEN NAME OF MOTHER Mary C Lawrence

13. BIRTHPLACE OF MOTHER (State or country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lon Lawrence

(Address) Tuscola Ill

15. Filed Dec 30, 191 — W. D. Gelvin, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 13 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March, 191 4 to Sept 13, 1918, that I last saw h— alive on Sept 13, 1918, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Grippe

acute dilatation of heart

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E S Castell, M. D.

(Address) Gifford Ill

Date ....., 191... Telephone .....

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Maplewood Cemetery — **DATE OF BURIAL** ..... 191...

20. UNDERTAKER Leonard Bros. — ADDRESS Rantoul, Ill.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or

THE decedent ever served in military or naval service of U. S.?

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

Registered No. 4037

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village or City St. Joseph

Registration Dist. No. 102

Primary Dist. No. 4166

No. ..... St.; ..... Ward [If death occur a hospital or i tion, give its instead of stre number.]

2. FULL NAME Clarence Rice

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): X

6. DATE OF BIRTH: Dec 4th, 1898 (Month) (Day) (Year)

7. AGE: 19 yrs. 10 mos. 25 dys. If LESS than 1 day, ... hrs. OR ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Illinois

PARENTS

10. NAME OF FATHER: Frank Rice

11. BIRTHPLACE OF FATHER (State or country): Illinois

12. MAIDEN NAME OF MOTHER: Rosa O'Neil

13. BIRTHPLACE OF MOTHER (State or country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Rice

(Address) St Joseph Ill

15. Filed 10/31 1918 O. M. Miller Registrar

Has decedent ever served in military or naval service of U. S.?

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 29th (Month) (Day)

17. I HEREBY CERTIFY, That I attended deceased ....., 191, ... to ....., 1
that I last saw h... alive on ....., 1
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pneumonia following Influenza

(Duration) ... yrs. ... mos.

Contributory (Duration) ... yrs. ... mos.

(Signed) A. J. Dalton M.D.

(Address) St Joseph Ill

Date ....., 191... Telephone .....

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Residents)
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Aline — DATE OF BURIAL: Oct 31

20. UNDERTAKER: Fred V. Linvaringer — ADDRESS: Champ...

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICID...

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK -- THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 4
3000M—10-5-15
P609

1. PLACE OF DEATH

County Champaign

Township or Road Dist. Hensley

or Incorp. Town or Village

or City

Registration Dist. No. 89

Primary Dist. No. 6162

STATE OF ILLINOIS

State Board of Health -- Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

9 99

Registered No. 2

No. Hensley Township St.; Ward [If death a hospital tion, give instead of number]

2. FULL NAME Lena Gust

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Mar 7 (Month) (Day) 1883 (Year)

7. AGE: 25 yrs. 7 mos. 20 ds. If LESS than 1 day, hrs. OR min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Illinois

PARENTS

10. NAME OF FATHER: Fred Bamick

11. BIRTHPLACE OF FATHER (State or country): Germany

12. MAIDEN NAME OF MOTHER: Pauline Harmon

13. BIRTHPLACE OF MOTHER (State or country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marlen Gust

(Address) Hensley Township

15. Filed Nov 1, 1918 Harry King Registrar

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOM

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 27 (Month) (Day)

17. I HEREBY CERTIFY, That I attended dec
Oct 17, 191 8 to Oct 27
that I last saw h alive on Oct 27
and that death occurred, on the date stated above, at 7a.
The CAUSE OF DEATH* was as follows:

Contributory (Duration) yrs.

(Duration) yrs.

(Signed) C B Bucher

(Address) Champaign

Date Oct 28, 191 8 Telephone

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, Residents)
At place of death yrs. mos. ds. In the State yrs. mos.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Hensley. DATE OF BURIAL: Oct 2

20. UNDERTAKER: Geo Stewart ADDRESS: Fisher

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 4 375M-10-27-16 73395

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGI

STANDARD

CERTIFICATE OF DEATH

Registered No. 15

1. PLACE OF DEATH

County Champaign

Township or Road Dist. } or Incorp. Town or Village } Somers

or City ..... No. 4103 St.; ..... Ward ..... [If death occur a hospital or i tion, give its N instead of stree number.]

Registration Dist. No. ..... Primary Dist. No. 6180

2. FULL NAME Reavis Laurin Perkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): S.

6. DATE OF BIRTH: March (Month) 5 (Day), 1898 (Year)

7. AGE: 20 yrs. 8 mos. 24 ds. If LESS than 1 day, ... hrs. OR ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: U. M. C.
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Jackson Co. Ill.

PARENTS

10. NAME OF FATHER: Travis Perkins

11. BIRTHPLACE OF FATHER (State or country): Jackson Co Ill.

12. MAIDEN NAME OF MOTHER: Kate Porter

13. BIRTHPLACE OF MOTHER (State or country): Jackson Co Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr. T. J. Exton
(Address) Thomasboro Ill

15. Filed Nov 1, 1918 C B Holmes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October (Month) 29 (Day)

17. I HEREBY CERTIFY, That I attended deceased
Oct 20th, 1918, to Oct 29, 19
that I last saw him alive on Oct 29th, 19
and that death occurred, on the date stated above, at 1 10 P. M.
The CAUSE OF DEATH* was as follows:
Influenza
(Duration) ... yrs. ... mos. 9
Contributory (Secondary)
(Duration) ... yrs. ... mos. 6
(Signed) Thomas J Exton
(Address) Thomasboro Ill
Date Oct 30th, 1918. Telephone Somer

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or R Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Yeasley — DATE OF BURIAL: 10/31, 19

20. UNDERTAKER: Ross A Renner — ADDRESS: Urbana Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.?

V. S. No. 4
375M-10-24-16
P3395

1. PLACE OF DEATH

County Champaign

Township or Road Dist. }

or Incorp. Town or Village } Somers

or City

Registration Dist. No. 3

Primary Dist. No. 6180

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

Registered No. 15

4103

No. St.; Ward

[If death occurr a hospital or i tion, give its N instead of stree number.]

2. FULL NAME Reavis Lavina Perkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): S.

6. DATE OF BIRTH: March 5, 1898 (Month) (Day) (Year)

7. AGE: 20 yrs. 8 mos. 24 ds. If LESS than 1 day, hrs. OR min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: W. M. C.
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Jackson Co. Ill.

PARENTS

10. NAME OF FATHER: Lewis Perkins

11. BIRTHPLACE OF FATHER (State or country): Jackson Co Ill

12. MAIDEN NAME OF MOTHER: Kate Porter

13. BIRTHPLACE OF MOTHER (State or country): Jackson Co Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. T. J. Exton

(Address) Thomasboro Ill

15. Filed Nov 1, 1918 C B Hughes Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 29 (Month) (Day)

17. I HEREBY CERTIFY, That I attended deceased

Oct 20th, 1918, to Oct 29, 19

that I last saw h[e] alive on Oct 20th, 19

and that death occurred, on the date stated above, at 1 10 P. M.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 9

Contributory (Secondary)

(Duration) yrs. mos. 6

(Signed) Thomas J Exton M.D.

(Address) Thomasboro Ill

Date Oct 30th, 1918. Telephone Somer

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or R Residents)

At place of death yrs. mos. ds. In the State yrs. mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Yeasley — DATE OF BURIAL: 10/31

20. UNDERTAKER: Ross A Renner — ADDRESS: Urbana Ill

*States the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 4 75M-10-24-16

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIG

STANDARD
CERTIFICATE OF DEATH

4105 10 Registered No. 26

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village or City Rantoul

Registration Dist. No. 4161

Primary Dist. No. 4161

No. ..... St. ..... Ward .....

[If death occu a hospital or i tion, give its instead of str number.]

2. FULL NAME Robert Lewis Skinner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6. DATE OF BIRTH May 14 1897
(Month) (Day) (Year)

7. AGE 21 yrs. 7 mos. 11 ds.
If LESS than 1 day, ... hrs. OR ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work Aeroplane Flyer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or country) Hazardville Conn

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or country)

12. MAIDEN NAME OF MOTHER Mrs Cora E.

13. BIRTHPLACE OF MOTHER (State or country) Burnside Conn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15. Filed 12/30 1918 H. D. Eblen
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 5
(Month) (Day)

17. I HEREBY CERTIFY, That I attended deceased
Sept 27 1918 to Oct. 5 1
that I last saw h alive on Oct 5 1
and that death occurred, on the date stated above, at 8 00 A. m.

The CAUSE OF DEATH* was as follows:

Post Influenza Pneumonia
Lobular

(Duration) ..... yrs. ..... mos.

Contributory (Secondary) Influenza

(Duration) ..... yrs. ..... mos.

(Signed) Lewis Collins

(Address) Chanute Field Rantoul

Date Oct. 5 1918 Telephone Chanute

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL

20. UNDERTAKER — ADDRESS
Leonard Bros Rantoul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICID

Has decedent ever served in military or naval service of U. S.? .....

ORIGINAL

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

4043 92

Registered No. 143

1. PLACE OF DEATH

County Champaign

Registration Dist. No.	89
Primary Dist. No.	3058

Township or Road Dist. ....

or

Incorp. Town or Village ....

or

City Champaign No. 1311 N. Hickory St.; ....Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Bernie Viles

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) X Child

6. DATE OF BIRTH May (Month) 22 (Day), 1914 (Year)

7. AGE 4 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. OR ....min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) Child

9. BIRTHPLACE (State or country) Illinois

PARENTS

10. NAME OF FATHER George Viles

11. BIRTHPLACE OF FATHER (State or country) Indiana

12. MAIDEN NAME OF MOTHER Lettie Springer

13. BIRTHPLACE OF MOTHER (State or country) Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Viles

(Address) Champaign Ill

15. Filed Sept 20, 1918 Harrnking Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept (Month) 18 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1918, to Sept 18, 1918,

that I last saw h.... alive on Sept 18, 1918,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

Contributory (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. E. Schowengerdt, M. D.

(Address) Champaign Ill

Date Sept. 19, 1918 Telephone B 855

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Patterson Cemetery

DATE OF BURIAL 20 Sept 1918

20. UNDERTAKER Jno K Swearingen

ADDRESS Champaign

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

V. S. No. 4
375M-10-24-16
2-E5395

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Has decedent ever served in military or naval service of U. S.?

5/27/19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.?

1. PLACE OF DEATH

County Champaign

Township or Road Dist. } Scott

or Incorp. Town or Village } Seymour

or City ..... No. ..... St.; ..... Ward

Registration Dist. No. 6174

Primary Dist. No. 6104

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD 10

CERTIFICATE OF DEATH

4139

Registered No. 9

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Wiley C. Davis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single

6. DATE OF BIRTH: Mar. (Month) 17 (Day) 1906 (Year)

7. AGE: 12 yrs. 6 mos. 23 ds. If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: school Boy
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or country): Seymour

PARENTS

10. NAME OF FATHER: W. W. Davis

11. BIRTHPLACE OF FATHER (State or country): Penn.

12. MAIDEN NAME OF MOTHER: Belle McClanahan

13. BIRTHPLACE OF MOTHER (State or country): Penn

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maggie Tatman

(Address) Seymour Ill.

15. Filed Oct 15 1918 John W Bell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 10-15 (Month) (Day) 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10-7 1918, to 10-15 1918, that I last saw him alive on Oct. 14, 1918, and that death occurred, on the date stated above, at 1100 m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (Secondary) Influenza

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) W. H. Heath M. D.

(Address) Thulo Heath Ill

Date 10-15 1918 Telephone 602 J 1

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Bethel Cemetery DATE OF BURIAL ..... 191...

20. UNDERTAKER: Gallacher ADDRESS Monticello

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

U. S. 15M-10-24-16 2 P3365

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.?

V. S. No. 4
37M-10-24-16
2 P

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD 10
CERTIFICATE OF DEATH

4110

Registered No. 7

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village Bondville

or City No. St.; Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration Dist. No. 6174
Primary Dist. No. 6174

2. FULL NAME Harry E Mc Conkey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): /
6. DATE OF BIRTH: Nov 26 (Month) (Day), 1897 (Year)
7. AGE: 20 yrs. 10 mos. 16 ds. If LESS than 1 day, ... hrs. OR ... min.?
8. OCCUPATION (a) Trade, profession, or particular kind of work: working on section ~~[illegible]~~ (b) General nature of industry, business, or establishment in which employed (or employer)
9. BIRTHPLACE (State or country): Illinois

PARENTS

10. NAME OF FATHER: Perry Mc Conkey
11. BIRTHPLACE OF FATHER (State or country): Mo
12. MAIDEN NAME OF MOTHER: Eliz-bith Denton
13. BIRTHPLACE OF MOTHER (State or country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Perry Mc Conkey
(Address) Bondville Ill

15. Filed Oct 13, 1918 John W Bell, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. 12 (Month) (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 8 1918 to Oct 12, 1918, that I last saw h alive on Oct 11, 1918, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) ... yrs. ... mos. 4 ds.

Contributory (Secondary) Influenza
(Duration) ... yrs. ... mos. 7 ds.

(Signed) [illegible] M. D.
(Address) [illegible]
Date 10-14 1918 Telephone [illegible]

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Seymour
DATE OF BURIAL: Oct 13, 1918

20. UNDERTAKER: [illegible] Sweeney
ADDRESS: Champaign

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.?

V. S. No. 375M-10-24-16

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics 10

ORIGINAL

STANDARD

CERTIFICATE OF DEATH

4111

Registered No. 8

1. PLACE OF DEATH

County Champaign

Registration Dist. No.	6234
Primary Dist. No.	6134

Township or Road Dist. ......

or Incorp. Town or Village Seymour

or City ...... No. ...... St.; ...... Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Mrs Belle Davis

PERSONAL AND STATISTICAL PARTICULARS	
3. SEX	Femal
4. COLOR OR RACE	white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Married
6. DATE OF BIRTH	May (Month) 27 (Day), 1884 (Year)
7. AGE	34 yrs. 4 mos. 18 ds. If LESS than 1 day, ... hrs. OR ...... min.?
8. OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Housewife
9. BIRTHPLACE (State or country)	Tenn.
PARENTS 10. NAME OF FATHER	Sam McClahigu
11. BIRTHPLACE OF FATHER (State or country)	Tenn.
12. MAIDEN NAME OF MOTHER	Rachel Davis
13. BIRTHPLACE OF MOTHER (State or country)	Tenn.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maggie Tatman

(Address) Seymour Ills

15. Filed Oct 15, 1918 John W Bell, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 10 (Month) 15 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1918, to Oct 14, 1918, that I last saw her alive on Oct 14, 1918, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ...... yrs. ...... mos. 3 ds.

Contributory (Secondary) Influenza

(Duration) ...... yrs. ...... mos. 7 ds.

(Signed) W. T. Lewis, M. D.

(Address) White Heath Ill

Date 10-15, 1918 Telephone 500

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ...... yrs. ...... mos. ...... ds. In the State ...... yrs. ...... mos. ...... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ......, 191...

20. UNDERTAKER | ADDRESS

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

County Champaign

Township or Road Dist. Rantoul

or Incorp. Town or Village

or City ..... No. ..... St. ..... Ward

Registration Dist. No. 4161

Primary Dist. No. 4161

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

CERTIFICATE OF DEATH

4114 10

Registered No. 22

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Roy Evart Hodge

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

6. DATE OF BIRTH: Aug (Month) 7 (Day) 1892 (Year)

7. AGE: 26 yrs. 1 mos. 22 ds. If LESS than 1 day, ... hrs. OR ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Ill

PARENTS

10. NAME OF FATHER: Sal P Hodge

11. BIRTHPLACE OF FATHER (State or country): Ill

12. MAIDEN NAME OF MOTHER: Josephine Hodge

13. BIRTHPLACE OF MOTHER (State or country): Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15. Filed 12-30, 1918 W F Dillon Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 29th (Month) (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1918, to Oct 29, 1918, that I last saw him alive on 28 Oct, 1918, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

Contributory (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) F S Dillon, M. D.

(Address) Rantoul Ill

Date Oct 29, 1918 Telephone 20

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Centralia Ill — DATE OF BURIAL: Oct ..., 191...

20. UNDERTAKER: Leonard Bros — ADDRESS: Rantoul Ill.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

Has decedent ever served in military or naval service of U. S.? .....

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 575M—Rev. 26-16 2 P3395

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

CERTIFICATE OF DEATH

Registered No. 28

4115 10

County Champaign

Township or Road Dist. or Incorp. Town or Village or City Rantoul

Registration Dist. No. 4161

Primary Dist. No. 4161

No. ..... St.; ..... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ethel Irene Webster

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

6. DATE OF BIRTH: September 20, 1916 (Month) (Day) (Year)

7. AGE: 2 yrs. 1 mos. 6 ds. If LESS than 1 day, ... hrs. OR ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or country): Illinois

PARENTS

10. NAME OF FATHER: Uni Webster

11. BIRTHPLACE OF FATHER (State or country): Illinois

12. MAIDEN NAME OF MOTHER: Myrtle B.

13. BIRTHPLACE OF MOTHER (State or country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15. Filed 1/30 1918 N. E. Gelini Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 26, 1918 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct-16, 1918 to Oct-26, 1918, that I last saw her alive on Oct-26, 1918, and that death occurred, on the date stated above, at 4-30 P. M.

The CAUSE OF DEATH* was as follows:

I. a. Influenza

b. Pneumonia

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. P. Donovan M. D.

(Address) Rantoul Ill

Date 11-1-28 1918 Telephone 68

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. 5 ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Mt. Evergreen Cem. DATE OF BURIAL: Oct. 27, 1918

20. UNDERTAKER: Leonard Bros ADDRESS: Rantoul Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.? .....

U. S. No. 4
3751M 6-24-16
P3395

1915

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.?

V. S. No. 4 — 25M-10-24-15

1. PLACE OF DEATH

County Chippewa

Township or Road Dist. or Incorp. Town or Village or City — Rantoul — No. —

Registration Dist. No. 4161

Primary Dist. No. 4161

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

CERTIFICATE OF DEATH

4116 10

Registered No. 43

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

St. ... Ward ...

2. FULL NAME John Harris Lewis

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): ✓

6. DATE OF BIRTH: Sept 10 (Month) (Day) 1892 (Year)

7. AGE: 26 yrs. 1 mos. 10 ds. If LESS than 1 day, ... hrs. OR ... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9. BIRTHPLACE (State or country): ...

PARENTS

10. NAME OF FATHER: H. B. Lewis 321 Huffman st Waynesburg

11. BIRTHPLACE OF FATHER (State or country): ✓

12. MAIDEN NAME OF MOTHER: ✓

13. BIRTHPLACE OF MOTHER (State or country): ✓

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ✓

(Address) ✓

15. Filed 12 30 1918 — L. P. Gilmore Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 10. (Month) (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1918, to Oct 10, 1918, that I last saw h[illegible] alive on Octobes 10, 1918, and that death occurred, on the date stated above, at 7 00 m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Bronchial

Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

Contributory (Secondary) Influenza Acute

Exhaustion (Duration) ... yrs. ... mos. 7 ds.

(Signed) Dr. [illegible], M. D.

(Address) Chanute Field Rantoul Ill

Date Oct 11, 1918 Telephone Chanute Field

15. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19. PLACE OF BURIAL OR REMOVAL: Leonard Bros

DATE OF BURIAL: ..., 191...

20. UNDERTAKER: Waynesburg Pa

ADDRESS: Rantoul Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

STATE OF ILLINOIS

State Board of Health — Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

Registered No. 4027

Registration Dist. No. 97

Primary Dist. No. 6167

1. PLACE OF DEATH

County Champaign

Township or Road Dist. Ogden

or Incorp. Town or Village

or City ..... No. ..... St. ..... Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME John Buhr

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: May 13, 1918 (Month) (Day) (Year)

7. AGE: ..... yrs. 4 mos. 7 da. If LESS than 1 day, ... hrs. OR ..... min.

8. OCCUPATION
(a) Trade, profession, or particular kind of work: [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer): A

9. BIRTHPLACE (State or country): Royal Ill.

PARENTS

10. NAME OF FATHER: Jeld Buhr

11. BIRTHPLACE OF FATHER (State or country): Illinois

12. MAIDEN NAME OF MOTHER: Rika Osterbur

13. BIRTHPLACE OF MOTHER (State or country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oltman J. Buhr

(Address) .....

15. Filed SEP 21 '18 191 ..... F. E. Feeters Registrar

Ogden, Ill.

Has decedent ever served in military or naval service of U. S.?

P5395

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. (Month) 20 (Day) 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1918 to Sept 20, 1918, that I last saw him alive on 20 of Sept., 1918, and that death occurred, on the date stated above, at 8 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 14 da.

Contributory (Secondary) Gastro enteritis

(Duration) ..... yrs. ..... mos. 14 da.

(Signed) Geo. A. Potter M.D.

(Address) Royal Ill.

Date Sept 21 191 8 Telephone Ogden

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Residents)

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. 4

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: Kopeland Cemetery DATE OF BURIAL: Sept. 22 19

20. UNDERTAKER: Helton & Freese ADDRESS: Ogden, Ill.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

rtford

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has deceased ever served in military or naval service of U. S.?

1. PLACE OF DEATH

County Champaign

Township or Road Dist. }

or Incorp. Town or Village }

or City Tolono

Registration Dist. No. 104

Primary Dist. No. 4166

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

CERTIFICATE OF DEATH

4119

Registered No.

No. St. Ward

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Edwin Thomas Meharry

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m

4. COLOR OR RACE w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6. DATE OF BIRTH Nov 30, 1881 (Month) (Day) (Year)

7. AGE 36 yrs. 10 mos. 22 ds. If LESS than 1 day, hrs. OR min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment (in which employed (or employer)

9. BIRTHPLACE (State or country) Illinois

PARENTS

10. NAME OF FATHER Jesse Meharry

11. BIRTHPLACE OF FATHER (State or country) Wingate Ind

12. MAIDEN NAME OF MOTHER Addie A. Francis

13. BIRTHPLACE OF MOTHER (State or country) New Lenox Ill

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paul Meharry

(Address) Tolono Ill

15. Filed ..., 191.. J. C. Filer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 22, 1918 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1918 to Oct 22, 1918, that I last saw him alive on Oct 22d, 1918, and that death occurred, on the date stated above, at 9.55 P.M.

The CAUSE OF DEATH* was as follows:

Spanish Influenza

(Duration) yrs. mos. ds.

Contributory (Secondary) Pneumonia

(Duration) yrs. 1 mos. 8 ds.

(Signed) Wm Hartford M.D.

(Address) 310 Ill. Bldg, Champaign Ill

Date Oct. 23d, 1918. Telephone Bell 950 -

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Mt Hope — DATE OF BURIAL 10/24, 1918

20. UNDERTAKER Evans & Reuter — ADDRESS Urbana

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.? No

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village or City: Tolono

Registration Dist. No. 164

Primary Dist. No. 4166

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD
CERTIFICATE OF DEATH

Registered No. 4118

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

No. ..... St. ..... Ward .....

2. FULL NAME Cecelia Pizzuto

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single

6. DATE OF BIRTH: Jan. (Month) 10 (Day) 1907 (Year)

7. AGE: 11 yrs. 7 mos. 15 dys. If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): New York

PARENTS

10. NAME OF FATHER: Nicola Pizzuto

11. BIRTHPLACE OF FATHER (State or country): Italy

12. MAIDEN NAME OF MOTHER: Vita Cucci

13. BIRTHPLACE OF MOTHER (State or country): Italy

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nicola Pizzuto

(Address) Tolono

15. Filed ..... 191. J. C. Filer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 25th, 1918 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1918 to Oct. 24, 1918, that I last saw h[illegible] alive on Oct. 24, 1918, and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Influenza
with pneumonia

(Duration) yrs. mos. 4 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Martin M. D.

(Address) Tolono Ill.

Date Oct. 25, 1918 Telephone

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Rose Hill Cem. Danville Ill. DATE OF BURIAL: 10/28/1918

20. UNDERTAKER: [illegible] ADDRESS: Tolono

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

375M-10-16

STATE OF ILLINOIS
State Board of Health — Bureau of Vital Statistics

ORIGINAL

STANDARD
CERTIFICATE OF ~~DEATH~~ 10

Registered No. 3

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village or City: Broon / Fisher

Registration Dist. No. 185

Primary Dist. No. 6154

No. 4121 St.; Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Robert Albert Bowley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single

6. DATE OF BIRTH: June (Month) 12 (Day), 1867 (Year)

7. AGE: 37 yrs. 4 mos. 14 dys. If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Farm Hand.
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Ill. Illinois

PARENTS

10. NAME OF FATHER: James W Bowley

11. BIRTHPLACE OF FATHER (State or country): Indiana

12. MAIDEN NAME OF MOTHER: Eliza B. Bell.

13. BIRTHPLACE OF MOTHER (State or country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Vern M Bowley

(Address) Bloomington Ill

15. Filed 11/5/2, 1918 Oscar Cook Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct. (Month) 25 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1918, to Oct 26, 1918, that I last saw h[illegible] alive on Oct 25, 1918, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia
Influenza
Meningitis
(Duration) ..... yrs. ..... mos. 13 ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. E. Sale, M. D.

(Address) Fisher Ill

Date Oct 27, 1918 Telephone 22

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wallace Brook — DATE OF BURIAL: Octr 27 1918

20. UNDERTAKER: G. E. Wade — ADDRESS: Fisher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

N. B.—Every item should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.? .....

V. S. No. 4
375M-10-24-16
2 P3395

County Champaign

Township or Road Dist. Rantoul or Incorp. Town or Village or City .... No. .... St.; .... Ward

Registration Dist. No. 4161

Primary Dist. No. 4161

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD

CERTIFICATE OF DEATH

4122 92

Registered No. 18

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Marvin H Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6. DATE OF BIRTH (Month) (Day) 1892 (Year)

7. AGE 26 yrs. mos. ds. If LESS than 1 day, ...hrs. OR ...min.?

8. OCCUPATION (a) Trade, profession, or particular kind of work Painter (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country)

PARENTS

10. NAME OF FATHER Brother W. S. Smith 913 Wilson St Chattanooga Tenn

11. BIRTHPLACE OF FATHER (State or country) do not know

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ....

(Address) ....

15. Filed 12 30 1918 H D Gelen Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October (Month) 10 (Day) 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1918 to Oct 10, 1918, that I last saw h... alive on Oct 10, 1918, and that death occurred, on the date stated above, at 8[55] P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Acute Lobar ~~Broncho~~ Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

Contributory (Secondary) Influenza Acute (Epidemic)

(Duration) ....yrs. ....mos. 7 ds.

(Signed) ...., M. D.

(Address) Chanute Field, Rantoul

Date Oct 11, 1918 Telephone Chanute Field

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL ...., 191..

20. UNDERTAKER Leonard Bros — ADDRESS Rantoul Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

Has decedent ever served in military or naval service of U. S.?

OCCUPATION is very important.

STATE OF ILLINOIS
State Board of Health -- Bureau of Vital Statistics

ORIGINAL

STANDARD
CERTIFICATE OF DEATH

Registered No. 4023/0

Registration Dist. No. 6157
Primary Dist. No. 6157

1. PLACE OF DEATH
County Champaign
Township or Road Dist. Compromise
or Incorp. Town or Village
or City Gifford
No. ; St.; Ward
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Mildred Fox

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word):

6. DATE OF BIRTH: Feb. (Month) 6 (Day) 1914 (Year)

7. AGE: 4 yrs. 7 mos. 23 ds.
If LESS than 1 day, hrs. OR min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country): Ill.

PARENTS
10. NAME OF FATHER: Homer E Fox
11. BIRTHPLACE OF FATHER (State or country): W Va
12. MAIDEN NAME OF MOTHER: Carrie V Fox
13. BIRTHPLACE OF MOTHER (State or country): W Va

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Homer E Fox
(Address) Gifford Ill.

15. Filed Sept 29, 1918 J. E. Barnes Registrar
Ethel Mercer D.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept 29 (Month) (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1915 to Sept 28, 1918, that I last saw her alive on Sept 28, 1918, and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:
Stomach Trouble
Pneumonia
(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) E. Cartell, M. D.
(Address) Gifford
Date , 191 Telephone

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Wells Cemetary — DATE OF BURIAL: Sept 29, 1918
20. UNDERTAKER: J. W. McHenry — ADDRESS: Gifford Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

Has decedent ever served in military or naval service of U. S.?

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD
CERTIFICATE OF DEATH

Registered No. 150

Registration Dist. No. 89
Primary Dist. No. 3058

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1. PLACE OF DEATH
County Champaign
Township or Road Dist. or Incorp. Town or Village or City Champaign
No. 404 Burnham Hospital St.; Ward

2. FULL NAME Harry Elmer Starkey.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single
6. DATE OF BIRTH: Aug. (Month) 21 (Day), 1888 (Year)
7. AGE: 30 yrs. 1 mos. 7 da. If LESS than 1 day, hrs. OR min.
8. OCCUPATION
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):
9. BIRTHPLACE (State or country): Delphi Ind.

PARENTS
10. NAME OF FATHER: Wm. F. Starkey.
11. BIRTHPLACE OF FATHER (State or country): Ohio.
12. MAIDEN NAME OF MOTHER: Mary O'Shuey
13. BIRTHPLACE OF MOTHER (State or country): Indiana

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W.C. Starkey
(Address) Pesotum Ill.

15. Filed Oct 2, 1918 Harry Kay Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 28 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1918 to Sept 28, 1918, that I last saw h— alive on Sept 27, 1918, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Horace Kay M. D.
(Address) Champaign Ill.
Date, 191 Telephone

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Pesotum Ill. DATE OF BURIAL: 9-30, 1918

20. UNDERTAKER: Heinz & Creamer ADDRESS: Tolono Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

Has decedent ever served in military or naval service of U. S.?

4

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD CERTIFICATE OF DEATH

4059 92

Registered No. 112

1. PLACE OF DEATH

County Champaign

Township or Road Dist. }

or

Incorp. Town or Village }

or

City Rantoul

Registration Dist. No.

Primary Dist. No. 1

No. Barrack # 2 St.; Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Cadet Ted Dougherty

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: Nov (Month) 22 (Day) 1 (Year)

7. AGE: 21 yrs. 10 mos. 9 ds. If LESS than 1 day, hrs. OR min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Cadet A. M. A.
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Illinois

PARENTS

10. NAME OF FATHER: Andy Dougherty

11. BIRTHPLACE OF FATHER (State or country): Illinois

12. MAIDEN NAME OF MOTHER: Hannah Huston

13. BIRTHPLACE OF MOTHER (State or country): Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ted Dougherty

(Address) Macon Ill.

15. Filed Oct 1 1918 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept (Month) 30 (Day) 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1918, to Sept 30, 1918,
that I last saw h[illegible] alive on 30 Sept, 1918,
and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 7 ds.

Contributory (Secondary) Endocarditis

(Duration) yrs. mos. ds.

(Signed) James C. Mumbs, M. D.

(Address) Champaign Ill

Date Sept 30 1918 Telephone 952

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Macon — DATE OF BURIAL: Oct 2 1918

20. UNDERTAKER: Louis Milton Dft — ADDRESS: Champaign

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.? .....

1/23/19

M-10-45-1M 2 P330

STATE OF ILLINOIS
State Board of Health - - Bureau of Vital Statistics

ORIG

STANDARD
CERTIFICATE OF DEATH

4030 10

Registered No. 15

[If death occur a hospital or i tion, give its N instead of stre number.]

1. PLACE OF DEATH

County Champaign

Township or Road Dist. or Incorp. Town or Village or City } Stanton

Registration Dist. No. 4161

Primary Dist. No. 4161

No. ..... St.; Ward .....

2. FULL NAME Mrs Gretje Rickena Hessner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): ✓

6. DATE OF BIRTH: Aug 2 d 1893 (Month) (Day) (Year)

7. AGE: 75 yrs. 1 mos. 11 da. If LESS than 1 day, ... hrs. OR ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of Industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Illinois

PARENTS

10. NAME OF FATHER: Martin Hendricks

11. BIRTHPLACE OF FATHER (State or country): Illinois

12. MAIDEN NAME OF MOTHER: Anna Boker

13. BIRTHPLACE OF MOTHER (State or country): Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ebke Hessner

(Address) St Joe RR # 1

15. Filed 12-30, 1918 N. J. Gibin Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 5 (Month) (Day), 1

17. I HEREBY CERTIFY, That I attended deceased Sept 30, 1918 to Oct 5, 19
that I last saw h[illegible] alive on Oct 5 19
and that death occurred, on the date stated above, at 5P m.
The CAUSE OF DEATH* was as follows:

Influenza

(Duration) ..... yrs. ..... mos.

Contributory (Secondary) Acute congestion Lungs

(Duration) ..... yrs. ..... mos.

(Signed) T. J. Waeen

(Address) St Joseph Ill

Date ....., 191... Telephone 2-4 4

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or R Residents)
At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Kopeman Cemetery — DATE OF BURIAL: Oct 7, 1

20. UNDERTAKER: Leo and Bros Rantoul Ill — ADDRESS

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.? .....

V. S. No. 375M-10-21-16 3395

STATE OF ILLINOIS

State Board of Health - - Bureau of Vital Statistics

STANDARD

CERTIFICATE OF DEATH

COUNTY CLERK'S RECORD ✓

Registered No. 27

1. PLACE OF DEATH

County Champaign

Registration Dist. No. 102

Primary Dist. No. 6178

Township or Road Dist. or Incorp. Town or Village or City Stanton

No. .... St.; .... Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

4-23 10

2. FULL NAME Rosa Shirley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) ✓

6. DATE OF BIRTH .... (Month) .... (Day) 1........ (Year)

7. AGE 25 yrs. .... mos. .... ds. If LESS than 1 day, ... hrs. OR .... min.?

8. OCCUPATION (a) Trade, profession, or particular kind of work HW (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country) Indiana

PARENTS

10. NAME OF FATHER Henry Ottleinger

11. BIRTHPLACE OF FATHER (State or country) Ind

12. MAIDEN NAME OF MOTHER Elsie Runels

13. BIRTHPLACE OF MOTHER (State or country) Ind

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Earnest Shirley

(Address) St Joseph

15. Filed Dec 6 1918 O. R. Mills, Registrar

JAN 16 1919

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct (Month) 16 (Day) 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from .... 191.... to .... 191....,

that I last saw h.... alive on .... 191....,

and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Pneumonia following Influenza

(Duration) .... yrs. .... mos. .... ds.

Contributory (Secondary) .... (Duration) .... yrs. .... mos. .... ds.

(Signed) Dr A. J. Dalton, M. D.

(Address) St Joseph

Date .... 191.... Telephone ....

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Brownsburg Ind

DATE OF BURIAL 10/19 1918

20. UNDERTAKER Helton & Freese

ADDRESS Ogden Ill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

Has decedent ever served in military or naval service of U. S.?