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CERTIFICATE OF DEATH.

This is to Certify, That *Mrs Amanda Kearney*
Died *June 9* 1891, Sex *Female*, Color *White*
Age *70* years, *10* months, *29* days.
Place of death *1341 N Wichita St* *Wichita, Kansas.*
Cause of Death *La Grippe*

Medical attendant *Dr F. W. Whitteck*

I being cognizant of the facts and circumstances of said death.

Dated, Wichita, Kansas *June 13* 1891

Name, *H. W. Kendall*

Title, (if any), *Undertaker*