

PLACE OF DEATH.

County of Cuyahoga

8116

7733

Township of _____ Registration District No. _____

File No. _____

Village of _____ Primary Registration District No. _____

1265
Registered No. 1265

City of Cleveland (No. 1487 E 55th St., 23 Ward)

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

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

FULL NAME Herbert T. Briggs

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White

DATE OF DEATH Feb 18 1911
(Month) (Day) (Year)

DATE OF BIRTH February 18 1876
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1911 to Feb 18 1911 that I last saw him alive on Feb 18 1911 and that death occurred, on the date stated above, at 10:30

AGE 35 years, _____ months, _____ days.

M. The CAUSE OF DEATH was as follows:

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

40 Tuberculosis
(Duration) 3 1/2 Days
Contributory Strain

BIRTHPLACE (State or Foreign Country) Poughkeepsie N.Y.

OCCUPATION Ball player

NAME OF FATHER Benjamin Briggs

BIRTHPLACE OF FATHER (State or Foreign Country) Poughkeepsie N.Y.

MAIDEN NAME OF MOTHER Mary Elendorf

BIRTHPLACE OF MOTHER (State or Foreign Country) Poughkeepsie

(Signed) J. J. [Signature] M. D.
Feb 20 1911 (Address) 3043 Superior

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
Former or Usual Residence _____ How long at Place of Death? _____ Days
Where was disease contracted, If not at place of death? _____

(Informant) Mrs. Herbert T. Briggs
(Address) 1487 E 55th

File FEB 21 1911

PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL Feb 22 1911

Registrar. _____

UNDERTAKER Wm. [Signature] ADDRESS _____