



REGISTRY DIVISION, CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

CERTIFIED COPY OF RECORD OF **DEATH** IN OFFICE OF THE CITY REGISTRAR

Certificate
No. 2956

Y

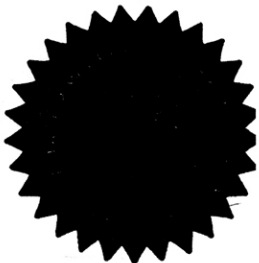
I, the undersigned, hereby certify that I hold the office of City Registrar of the City of Boston and I certify the following facts appear on records of Births, Marriages and Deaths kept in said City as required by law.

No. 804 Date of Death August 3, 1940 Name and surname of Deceased Williard M Hershberger
(If Married, Widowed or Divorced, Maiden Name)

SEX AND COLOR	CONDITION (SINGLE, MARRIED, WIDOWED OR DIVORCED)	SUPPOSED AGE			NAME AND SURNAME OF HUSBAND OR MAIDEN NAME OF WIFE OF DECEASED	RESIDENCE (STREET AND NUMBER)
		YEARS	MONTHS	DAYS		
M	Single	30	2	5	-----	Three Rivers California

OCCUPATION	PLACE OF DEATH	PLACE OF BIRTH	NAMES AND BIRTHPLACES OF PARENTS (MAIDEN NAME OF MOTHER)
Ball Player	Copley Plaza Hotel	Lemon Cove	--- Hershberger -----
Natl League	Boston Mass	California	--- --- -----

DISEASE OR CAUSE OF DEATH (PRIMARY OR SECONDARY)	PLACE OF BURIAL (NAME OF CEMETERY)	DATE OF RECORD
Incised wound of neck Suicide	Visalia Cem California	August 6, 1940



I further certify that by annexation, the Records of the following-named cities and towns are in the custody of the City Registrar of Boston:—

WITNESS my hand and the SEAL of the CITY REGISTRAR

on this 21st Day of August A.D. 19 74

ANNEXED

ANNEXED