

1. PLACE OF DEATH

County of Herkules
Township of _____
or
Inc. Town of _____
or
City of Camden

CERTIFICATE OF DEATH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
15637

Registration District No. 77-a Registered No. 70
(For use of Local Registrar)
(If death occurred in a Hospital or Institution give its NAME instead of street and number.)
(No. _____ St.; _____ Ward)

2. FULL NAME Emil Huber

Residence—
In City _____ Yrs. _____ Mos. _____ Days _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE Married
MARRIED WIDOWED OR DIVORCED
(Write the word)

6. DATE OF BIRTH Don't Know
(Month) _____ (Day) _____ (Year) _____

7. AGE 32 yrs. _____ mos. _____ dys.
IF LESS than 1 day _____ hrs. or _____ min?

8. OCCUPATION Ball Player
(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) Don't Know

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) J. P. Jones
(Address) Washington Reef

15. FILED Sept 6 1925
M. W. Mason
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 5 1925
(Month) _____ (Day) _____ (Year) _____

17. I HEREBY CERTIFY, That I attended deceased from _____
_____ 19____, to _____ 19____, that I last saw h_____ alive on _____
_____ 19____, and that death occurred, on the date stated above, at 9:30 m. The CAUSE OF DEATH* was as follows:

Internal injuries in automobile 210 wreck
Sudden & Inevitable death
(Duration) _____ yrs. _____ mos. _____ days

Contributory _____
(SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ days

18. Where was disease contracted if not at place of death? Accident 17 W. route of Camden SC

Did operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____
(Signed) [Signature]
Sept 6 1925 (Address) Camden

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

19. Place of Burial or Removal Augusta Ga DATE OF BURIAL _____ 19____

20. UNDERTAKER [Signature] ADDRESS _____