

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Jeff

17742

Township of _____ Registration District No. 654 File No. _____Village of _____ or Primary Registration District No. 8278 Registered No. 99101City of Stout (No. 1142 Lincoln St.) Ward _____

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

* FULL NAME George Kaveling

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 2 COLOR OR RACE White 3 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)4 DATE OF BIRTH Aug 15 1890
(Month) (Day) (Year)5 AGE 27 yrs. 6 mos. 14 ds.
If LESS than 1 day, _____ hrs. or _____ min. ?6 OCCUPATION Ball player
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)7 BIRTHPLACE Ohio
(State or country)8 NAME OF FATHER Fred Kaveling9 BIRTHPLACE OF FATHER Germany
(State or country)10 MAIDEN NAME OF MOTHER Johanna Becker11 BIRTHPLACE OF MOTHER Germany
(State or country)

12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Kaveling
(Address) Staubsville13 Filed Mar 2 1918 E. H. Hunstman Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Mar 2 1918
(Month) (Day) (Year)15 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1918, to same 1918, that I last saw h. in alive on Mar 1, 1918, and that death occurred, on the date stated above at _____ m.
THE CAUSE OF DEATH* was as follows:Pulmonary Tuberculosis
(Duration) — yrs. 6 mos. — ds.

Contributory (SECONDARY) _____

(Signed) J. J. Podley, M. D.
March 1, 1918 (Address) Staubsville

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

16 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?
Home or _____
Usual residence _____17 PLACE OF BURIAL OR REMOVAL Union DATE OF BURIAL Mar 4 191818 UNDERTAKER A Mettenberger ADDRESS Staub