

Bureau of  
Vital Statistics

STATE OF CONNECTICUT

Town of **Meriden**CERTIFICATE  
OF DEATH

1 Full name of deceased <b>James B. Donnelly</b>										UNDERTAKER'S CERTIFICATE			
2 Place of death <b>Meriden</b>		Town		No. <b>Meriden Sanatorium</b>			St.		Ward				
3 No. of families in house		4 Residence at time of death <b>New Haven, Conn.</b>			5 Occupation <b>Ball player</b>								
6 Single—married widowed—divorced <b>Single</b>		7 If wife or widow of whom											
8 Died <b>1916</b>		Year	Month <b>Nov.</b>	Day <b>5</b>	9 Born <b>1865</b>		Year	Month	Day	10 Age <b>50</b>	Years	Months	Days
11 Sex <b>M.</b>		12 Color <b>W.</b>		13 Birth-place <b>New Haven, Conn.</b>		Town		State or Country					
14 Full name of father <b>Michael B. Donnelly</b>		15 Father's birthplace <b>Ireland</b>											
16 Maiden name of mother <b>Sarah M'Grath</b>		17 Mother's birthplace											
18 Place of burial <b>New Haven, Conn.</b>		Town		Cemetery									
19 Name of Informant <b>Sanatorium Records</b>		Address <b>Meriden, Ct.</b>											
20 Was body embalmed <b>No</b>		If so, name of embalmer				License No. <b>310</b>							
Signature of undertaker <b>John J. Ferry</b>		Address <b>Meriden, Ct.</b>											

Liquor Bureau, M.D.S. -4

MEDICAL CERTIFICATE  
OF DEATH

1 Full name of deceased <b>James B. Donnelly</b>			
2 Primary cause of death <b>Pulmonary Tuberculosis</b>		3 Duration <b>27 mo.</b>	
4 Secondary or contributory <b>Pulmonary Tuberculosis</b>		5 Duration <b>27 mo.</b>	
Remarks			
I hereby certify that I attended the deceased in his last illness and that the cause of death was as above stated.			
Signature <b>James B. Dinnan, M.D.</b>		Official title	
Dated <b>Mar. 5th,</b> 191 <b>5.</b>		Address <b>Meriden Sanatorium</b>	
Received for record this <b>5</b> day of <b>Nov.</b> 191 <b>5.</b>		Attest	
The foregoing is a true copy.		<b>M. G. Pomeroy, asst.</b>	
		Registrar	