

Detroit

St. Joseph Mary Hospital

2. FULL NAME Robert Fothergill

(a) Residence No. 13811 Glenwood St. Ward

Length of residence in city or town where death occurred 8 yrs Has long U.S. or foreign birth Yes

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1938

1. SEX Male Color or Race White Single, Married, Widowed or Divorced (WRITE above) Married

2. If married, widowed or divorced WIFE of Marie (Barth)

3. DATE OF BIRTH (Month, day and year) 8/16/1897

4. AGE Years 40 Months 7 Days 6

5. Trade, profession, or particular kind of work done, or occupation Prof. Baseball Player

6. Industry or business in which work was done, or with whom employed, such as mill, bank, etc. Ford Motor

7. Date deceased last worked at this occupation (month and year) 4 yrs

8. BIRTHPLACE (city or town) Mansfield (State or country) Ohio

9. NAME Unk. Unknown

10. BIRTHPLACE (city or town) Ohio (State or country)

11. MAIDEN NAME Anna Featheringhan

12. BIRTHPLACE (city or town) Ohio (State or country)

13. INFORMANT Mrs. Marie Fothergill (Address) 13811 Glenwood

14. FUNERAL, CREMATION, OR BURIAL Place Mansfield, Ohio Date 3/20/38

15. UNDERTAKER WELLENBERNER FUNERAL (Address) 11100

16. FILED W. J. ... MAR 21 1938

17. DATE OF DEATH (month, day, and year) 3-20-1938

18. I HEREBY CERTIFY, That I attended deceased from 3-17 until 3-20, 1938

I have now before me on 3-20, 1938, death is held to have occurred on the date stated above, at St. Joseph Mary Hospital

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

If operation, date of _____

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? Yes

In case of violence state if accident, homicide or suicide _____

Where did injury occur? _____

In industry, home or public place? _____

Was there any injury related to occupation of deceased? Yes

Dr. Barth A. ...