

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No.

5976

County

Township

Village

City

(No. St Marys Hosp St. 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Nathan M. Intyre(a) Residence. No. 130 Peterboro St., Ward. 2 (Usual place of abode.) (If non-resident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 Color or Race W 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced HUSBAND of Grace Kennedy (or) WIFE of6 DATE OF BIRTH (Month, day and year.) June 12, 18807 AGE Years 39 Months 9 Days 20 If LESS than 1 day, hrs. OR min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ball Player(b) General nature of industry, business, or establishment in which employed (or employer) Simi Pro.

(c) Name of employer

9 BIRTHPLACE (city or town) Stoughton Conn (State or country)10 NAME OF FATHER James M. Intyre11 BIRTHPLACE OF FATHER (city or town) Alton Ireland (State or country)12 MAIDEN NAME OF MOTHER Bridget Parkins13 BIRTHPLACE OF MOTHER (city or town) Dan Ireland (state or country)14 Informant Grace M. Intyre (Address) 130 Peterboro15 Filed APR 8 1920 19 Registrar.16 DATE OF DEATH (Month, day and year) 4 - 2 192017 I HEREBY CERTIFY, That I attended deceased from 3 - 29, 1920, to 4 - 2, 1920 that I last saw him alive on 4 - 2, 1920 and that death occurred on the date stated above at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Influenza 10CONTRIBUTORY (Secondary) Acute Nephritis (duration) yrs. mos. 3 ds.18 Where was disease contracted If not at place of death? (duration) yrs. mos. 3 ds.Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical & Lab.(Signed) Wm. A. Repp, M. D., 19 , Address 270 Woodward

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Staten Island N.Y. Date of Burial 4-3 192020 UNDERTAKER Jos. H. Hayes & Son Address Detroit