

STATE OF COLORADO

Bureau of Vital Statistics
Certificates of Death

9289

1 PLACE OF DEATH

County DENVER

File No. _____

Town DENVER Registration District No. _____ Registered No. _____

City DENVER No. St. Lukes Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Urban Shocker

(a) Residence No. 6731 Crest Ave. St. Louis St. Ward _____
(Usual place of abode) (If nonresident give city or town and State)

(b) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX MALE COLOR OR RACE White Single, Married, Widowed, or Divorced (write the word) Married

4a If married, widowed or divorced HUSBAND of Irene Owen Shocker (or) WIFE of _____

4 DATE OF BIRTH (month, day, and year) Sept 22

7 AGE Years Months Days IF LESS than 1 day, ___ hrs. or ___ min. 36

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Base Ball Pitcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer _____

9 BIRTHPLACE (city or town) Cleveland (State or country) Ohio

10 NAME OF FATHER William Shocker

11 BIRTHPLACE OF FATHER _____ (City or town) _____ (State or country) _____

12 MAIDEN NAME OF MOTHER A nn Sgreece

13 BIRTHPLACE OF MOTHER _____ (City or town) Cleveland (State or country) Ohio

14 Informant Irene Shocker (Address) 6731 Crest Ave. St. Louis

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH (month, day and year) Sept 9 1928

11 I HERBERT CHERRY, that I attended deceased from Sept 7 1928 to Sept 9 1928

that I last saw him alive on Sept 9 1928 that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) Calcium deficiency of mitral valve

18 Where was disease contracted _____

If not at place of death: _____

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy (Signed) _____ M. D.

(Address) 720 7th St.

*State the Disease Causing Death or its death from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL _____

PARENTS