STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH County Lake Registration District No. 690 File No. 6268
Township ... Primary Registration District No. 2133 Registered No. 473
or Village Wickliffe No. Glenn Dan Wickliffe O St., ... Ward
(If death occured in a hospital or institution, give its NAME instead of street and number)
or City of Leo
2 FULL NAME Wade E Smith Did Deceased Serve in U. S. Navy or Army ...
(a) Residence. No. 14119 Eastaleis Ave St., ... Ward. (If nonresident give city or town and State)
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.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Alice Smith

6 DATE OF BIRTH (month, day, and year) Sept 30 -

7 AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
48			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ballplayer
(b) General nature of Industry, business, or establishment in which employed (or employer) Retired Not
(c) Name of employer Chicago Nat Leo

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

PARENTS
10 NAME OF FATHER Leo S. Smith
11 BIRTHPLACE OF FATHER (city or town) Rockwood
(State or country) England
12 MAIDEN NAME OF MOTHER Mary McMahon
13 BIRTHPLACE OF MOTHER (city or town) Chateauelle
(State or country) Canada

Informant Alice Smith
(Address) 14119 Eastaleis Ave

15 Filed Jan 5, 1929 H. J. Fuhs Registrar
Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 1 - 3 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept-, 1928, to Jan - 2, 1929, that I last saw h. alive on 1 - 2 - , 1929 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Pneumonia

(duration) 10 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...
Did an operation precede death? no Date of ...
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) Dr. R. W. Gardner M. D.
1 - 3 , 1929 (Address) 314 Euclid Ave

*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 additional space.)

19 PLACE of Burial, Cremation, or Removal St. Joseph's Cem. | DATE OF BURIAL Jan 5-29
20 UNDERTAKER J. P. Mondello | ADDRESS ...
20a WAS THE BODY EMBALMED? Yes | EMBALMER'S LICENSE NO. 1881C