DEPARTMENT OF COMMERCE

Bureau of the Census

IOWA STATE DEPARTMENT OF HEALTH

Division of Vital Statistics

Certificate of Death

State Office No. [illegible] 186

1. PLACE OF DEATH:

(a) County Linn Township Rapids

(b) City or Town Cedar Rapids (If outside city or town write RURAL NEAR and give town)

(c) Hospital or Institution: Name and Street Address Allison Hotel

Length of stay:

In hospital or institution ..... yrs. ..... mos. ..... days

In this community 8 yrs. ..... mos. ..... days

2. USUAL RESIDENCE (HOME) OF DECEASED: For newborn infant give residence of mother

(a) State Iowa (b) County Linn

(c) City or town Cedar Rapids (If outside city or town limits write RURAL NEAR and give town)

(d) Street No. Allison Hotel (If rural give LOCATION)

(e) If foreign born how long in U.S.A. ..... years

(f) Citizen of foreign country? No (yes or no)

If yes, name of country .....

3. (b) IF VETERAN, NAME WAR .....

3. (a) FULL NAME Forrest LeRoy Cady

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife Kittie Cady

6. (c) If alive give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1886

8. Age	Years	Months	Days	If less than 1 day
	60	1	7	..... hrs. ..... min.

9. Birthplace Bishop Hill, Illinois (Town, county and state or foreign country)

10. Usual occupation Umpire

11. Industry or business Baseball

Father: 12. Name Edward Cady

13. Birthplace Not Known (City, town or country), Not Known (State or foreign country)

Mother: 14. Name Minnie Hollander

15. Birthplace Bishop Hill (City, town or country), Illinois (State or foreign country)

16. (a) Informant's own signature Kittie Cady

(b) Address Cedar Rapids, Iowa

17. (a) Cremation (b) Date thereof Mar 7-46 (Month) (Day) (Year)

Burial, cremation, or removal (specify)

(c) Place of burial or cremation Cedar Memorial

Location Cedar Rapids, Iowa

Funeral Director: 18. (a) Signature Jay W. Hesser

(b) Address Cedar Rapids (c) License No. 2400

Local Registrar: 19. Signature Maude M. Krebs District 57-5

Date received March 6-1946 Filed No. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3, 1946 (Month, WRITE OUT) 19 ..... (Day) About 4 A.M. at ..... M. (time)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to ..... 19 ..... and that I saw him dead on Mar 3, 1946

Immediate cause of death Suffocation

Due to 3rd degree burns

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

OPERATION: Date of .....

MAJOR FINDINGS: Of operation .....

Of autopsy .....

DURATION OF CONDITION: Yrs. | Mos. | Dys.

PHYSICIAN: Please underline the cause to which the death should be ascribed

22. If external causes contributed to the death, fill in the following:

ACCIDENT, SUICIDE OR HOMICIDE:

(a) Accident (Accident, suicide or homicide) (b) Date of Mar 3, 46

(c) Where did injury occur? Cedar Rapids (City or town), Linn (County), Iowa (State)

(d) Injured at home, farm, industry, public place (where?) home

(e) Injured at work? (Yes or no) no

(f) Means of injury Smoke and burns

(g) Nature of injury Fire in home

23. (a) Signature [illegible] Iowa licensed (M.D. or other)

(b) Address Coroner Linn County, Iowa

(c) Date signed Mar 3, 1946

SOCIAL SECURITY ACCOUNT No.

(OVER)