

Read Instructions on Back
VITAL STATISTICS

C 20047 033837

651 38
44-1-1

1. FULL NAME **Harold Homer Hale Chase 3970**

2. PLACE OF DEATH: (A) COUNTY **Colusa**
(B) CITY OR TOWN **Colusa**
(C) NAME OF HOSPITAL OR INSTITUTION **Colusa Memorial Hospital**
(D) LENGTH OF STAY (COUNTY RECORDS ONLY, EXCEPT IN HOSPITAL OR INSTITUTION) **4-NOG. 3001**
IN THIS COUNTY: **10-yrs in California life**

3. USUAL RESIDENCE OF DECEASED:
(A) STATE **California**
(B) COUNTY **Colusa**
(C) CITY OR TOWN **Williams**
(D) STREET NO. **P.O. Box 516**

3. (E) IF VETERAN, NAME OF WAR **NO**
(F) SOCIAL SECURITY NO. **NONE**

21. MEDICAL CERTIFICATE
I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **5-18-47** TO **5-19-47** THAT I LAST SAW HIM ALIVE ON **May 19, 1947** AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE.
IMMEDIATE CAUSE OF DEATH: **Acute cardiac failure**
DUE TO: **Chronic nephritis and myocardial infarction**

4. SEX **Male**
5. COLOR OR RACE **White**
6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED **Divorced**
(B) NAME OF HUSBAND OR WIFE
(C) AGE OF HUSBAND OR WIFE IF ALIVE

22. CORONER'S CERTIFICATE
I HEREBY CERTIFY THAT I HELD AN ANATOMY, SUBJECT OR AUTOPSY ON THE REMAINS OF THE DECEASED AND THAT THIS DEED ACCORDS WITH DECEASED'S CONDITION.
DATE OF OPERATION: **5-19-47**
DATE OF REPORT: **5-20-47**
OTHER COMMENTS: **CHIEF POSTMORTEM CAUSE FOUND DURING OF DEATH**
MANNER AND CAUSE OF DEATH: **ACUTE CARDIAC FAILURE**
DATE OF OPERATION: **5-19-47**
DATE OF REPORT: **5-20-47**
IF DECEASED WAS ONE OF EXTERNAL CAUSES, FILL IN THE FOLLOWING:
(A) ACCIDENT, SCENE, OR INCIDENT: **None**
(B) DATE OF REPORT: **5-20-47**
(C) WHOSE DEED: **None**
(D) WHOSE DEED: **None**
(E) THE INQUIRY MADE BY OR ABOUT DEED, AS FOLLOWS: IN NEAREST PLACE, AS TO THE PLACE, TIME OF DEED, AND NAME OF DEED.
(F) NAME OF DEED: **None**

7. BIRTHDATE OF DECEASED **Feb. 13, 1885**
8. AGE **64** YRS **5** MTHS **5** DYS IF LESS THAN ONE DAY OLD

9. BIRTHPLACE **Los Gatos California**
10. USUAL OCCUPATION **Major League**
11. INDUSTRY OR BUSINESS **Baseball**
12. NAME **James Edgar Chase**
13. BIRTHPLACE **Maine**
14. MAIDEN NAME **Mary Jane Cavane**
15. BIRTHPLACE **MO.**
16. (A) INFORMANT **Mrs. F. H. Topham**
(B) ADDRESS **Williams, California**

17. (A) Removal **5-20-47**
(B) DATE **5-20-47**
(C) PLACE **San Jose, Calif.**
(D) PLACE OF BURIAL **San Jose, Calif.**
18. (A) FUNERAL DIRECTOR **J. D. McMary & Son**
ADDRESS **Colusa, California**
BY **E. P. Moore**

19. (A) SIGNATURE **[Signature]**
(B) SIGNATURE **[Signature]**

23. IF DEATH WAS DUE TO EXTERNAL CAUSE, FILL IN THE FOLLOWING:
(A) ACCIDENT, SCENE, OR INCIDENT: **None**
(B) DATE OF REPORT: **5-20-47**
(C) WHOSE DEED: **None**
(D) WHOSE DEED: **None**
(E) THE INQUIRY MADE BY OR ABOUT DEED, AS FOLLOWS: IN NEAREST PLACE, AS TO THE PLACE, TIME OF DEED, AND NAME OF DEED.
(F) NAME OF DEED: **None**