

1 PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. 27348
Registered No. **D**
H. O. V. S.
F. O. R. M.

County HarrisCity Houston Texas (No. 1301 Leeland St.,2 FULL NAME Jeremiah Denny(a) RESIDENCE. No. 1301 St., Leeland
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS 24894

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

16 DATE OF DEATH August 16, 1927
(Month) (Day) (Year)

6 DATE OF BIRTH March 16, 1859
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr, 1927 to Aug 16, 1927
About Aug - 8, 1927

7 AGE 68 yrs. 5 mos. 0 ds.
If less than 2 years state if breast fed: If less than 1 day
Yes _____ No _____ hrs. _____ mins.

that I last saw him alive on _____, 1927
and that death occurred on the date stated above, at _____ m.

8 OCCUPATION
(a) Trade, profession or particular kind of work Retired Baseball Player
(b) General nature of industry, business or establishment in which employed (or employer)

The CAUSE OF DEATH* was as follows:
Myocarditis Chronic
Not Thrombosis
Coronary Thrombosis
Indefinite
(duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (State or country) New York City

Contributory (Secondary) Indefinite
(duration) _____ yrs. _____ mos. _____ ds.

PARENTS
10 NAME OF FATHER _____
11 BIRTHPLACE OF FATHER (State or country) _____
12 MAIDEN NAME OF MOTHER _____
13 BIRTHPLACE OF MOTHER (State or country) _____

18 Where was disease contracted?
If not at place of death? _____

Did an operation precede death? Yes Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) J. H. G. Smith, M. D.

Aug 16, 1927 (Address) Houston

*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.

14 THE ABOVE IS TRUE
(Informant) MRS. N.A. Carroll
(Address) Houston Texas

19 PLACE OF BURIAL OR REMOVAL Holy Cross DATE OF BURIAL 8-16-27-192

15 AUG 17 1927
Filed _____ 1927 W. M. G. Donald
Registrar.

20 UNDERTAKER Wethermer Co ADDRESS Ho Tex