

(ORIGINAL)

DEATH CERTIFICATE 277 File No. 7462

or This Certificate Must be Forwarded to the State Board of Health, Denver, Colo., Within 24 Hours
After the Burial or Other Disposition of the Body.

Place of death:

County of LarimerCity or Town of Denver

Street and Number _____

State of Colorado.

If in Hospital or Institution, give its name:

Larimer Institution

Full Name of Deceased:

Clyde YouzziSpecial Information for Hospitals, Institutions, Transients
or Recent Residents:

Former or Usual Residence _____

How Long at Place of Death? _____

PERSONAL AND STATISTICAL PARTICULARS

Single, Married,
Widowed or Divorced

Date of Birth _____

Age _____ Years _____ Months _____ Days

Occupation (if none, so state) Prof. Baseball

Birthplace _____

State or Country _____

Name of Father Andrew Youzzi

Birthplace of Father _____

State or Country _____

Maiden Name of Mother Elizabeth Youzzi

Birthplace of Mother _____

State or Country _____

The above stated personal particulars are true to the best
of my knowledge and belief.(Informant) John G. Paul(Address) 1127 1/2 17th St.Place of Burial Charlton, Pa.Date of Burial Shipped Oct 2-07Undertaker E. P. McGovern Undertaking

Address _____

MEDICAL CERTIFICATE OF DEATH

Date of Death _____ 1907

Sex Male Race or Color WhiteI hereby Certify that death occurred, on the date stated
above, at _____ m. To the best of my knowl-
edge and belief the cause of death was as follows:Chief Cause Pulmonary Tuberculosis

Where Contracted _____ Duration _____

Contributory (if any) _____

Where Contracted _____ Duration _____

(Signature) _____

(Address) _____

(Date) Oct 2-07Permission to have granted to _____ the body of the
person above described.(Signature) W. H. Chapman(Address) Denver, Colo.(Date) Oct 2-07