

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Belmont

Township of

Registration District No. 99File No. 3373or
Village ofPrimary Registration District No. 8041Registered No. 207or
City of Bellaire(No. 3373, Union 8041 St., 3 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME William P. Kennedy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)16 DATE OF DEATH Sept 23, 1915
(Month) (Day) (Year)6 DATE OF BIRTH Oct 7, 1867
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1915, to Sept 23, 1915, that I last saw him alive on Sept 23, 1915, and that death occurred, on the date stated above, at 10^o m. The CAUSE OF DEATH* was as follows:7 AGE 47 yrs. 9 mos. 23 ds. If LESS than 1 day, hrs. or min.

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work Ball Player
(b) General nature of industry, business, or establishment in which employed (or employer)Tuberculosis Pulmonary
Laryngeal & Pulmonary
(Duration) yrs. mos. ds.9 BIRTHPLACE (State or country) Ohio

Contributory (SECONDARY)

10 NAME OF FATHER Robert Kennedy(Signed) W. H. Wright M. D.11 BIRTHPLACE OF FATHER (State or country) OhioSept 25, 1915 (Address) Bellaire12 MAIDEN NAME OF MOTHER Elizabeth Kennedy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or ALCOHOLIC.

13 BIRTHPLACE OF MOTHER (State or country) Ohio18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. P. KennedyWhere was disease contracted, If not at place of death?
Former or usual residence(Address) Bellaire19 PLACE OF BURIAL OR REMOVAL Bellaire DATE OF BURIAL Sept 23, 191515 Filed Sept 25, 1915 D. W. Brown Registrar20 UNDERTAKER Wm. Brailly ADDRESS Bellaire