

DISTRICT OF COLUMBIA

275807

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK, AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE.

1. Date of this Death Oct 12 1915

2. Full Name of Deceased James Albert Myers

3. Sex: MALE 4. Age: 41 YEARS 5. Color: WHITE 6. Conjugal Condition: ~~SINGLE~~

7. Occupation: Prof. Ball Player 8. Birthplace of Deceased: Frederick, Md.

9. Birthplace of Father: " 10. Birthplace of Mother: "

11. Duration of Residence in this District: 38 years 12. Place of Death: New York Ave N.Y.

13. Cause of Death: Tetanus Traumatic nail wound of foot

14. If Death Occurred in an Institute, give NAME OF INSTITUTION

15. If Deceased did not Die at his or her Residence, give PLACE OF RESIDENCE

I hereby certify that I attended the deceased professionally during last illness.

Signature: J. Staley M.D. Address: 870 Conn Ave

TO BE FILLED OUT AND SIGNED BY THE UNDERTAKER: PLACE OF BURIAL: Rock Creek DATE OF BURIAL: Oct 14 1915

IF BODY IS TO BE BURIED OUTSIDE OF THE DISTRICT, STATE: ROUTE OF TRANSPORTATION: DATE OF REMOVAL: 1915

SIGNATURE: N.T. Humeys Undertaker Address: 1523 15