

1 PLACE OF DEATH

TEXAS STATE DEPARTMENT OF HEALTH

State of Texas

BUREAU OF VITAL STATISTICS

COUNTY OF Bexar

Standard Certificate of Death

Registrar's No. 513CITY OR
PRECINCT San AntonioNo. 114Street W. Maple62022 FULL NAME
OF DECEASED James D. Phelan

Residence

No. 114Street W. MapleLength of residence in
city where death occurred 20 yrs. mos. daysHow long in U. S.
If foreign born yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word) Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6 DATE OF BIRTH December 10, 18547 AGE Yrs. 76 Months 2 Days 3 If LESS than
1 day, hrs.
or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work Retired Ball Player(b) General nature of industry,
business, or establishment in
which employed (or employer) 9 BIRTHPLACE Towanda, Penn.
(State or country)10 NAME OF Patrick Phelan
FATHER11 BIRTHPLACE OF Ireland
FATHER
(State or country)12 MAIDEN NAME Katherine Brennan
OF MOTHER13 BIRTHPLACE Penn.
OF MOTHER
(State or country)14 Signature of Miss Mary Phelan
InformantAddress 114 W. Maple15 FILED
FEB 14 1931
19Wm. Gee
Registrar

MEDICAL PARTICULARS

16 DATE February 13, 1931
OF DEATH17 I HEREBY CERTIFY, That I attended deceased from
Dec 1, 1930 to Feb 13, 1931that I last saw him im alive on Feb 12, 1931
12:05 p m.
and that death occurred on the date stated above, at

The CAUSE OF DEATH was as follows:

Uremia &
chronic nephritis(duration) several Mths yrs. mos. ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Allen Retail, M. D.2/13/31, 19 San Antonio, Tex19 PLACE OF BURIAL OR
ZEPHYRUS
St. Mary's Cemetery

DATE OF BURIAL

2/14/31 19

20 UNDERTAKER

Zizik-Kearns Und. Co.

ADDRESS

822 E. Houston