

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## PLACE OF DEATH.

County of CuyahogaTownship of ..... Registration District No. 8119 File No. 53391or  
Village of ..... Primary Registration District No. .... Registered No. 191or  
City of Lakewood (No. 1476 Ridgwood Ave St., ..... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]2 FULL NAME William Joseph Reidy

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX MALE 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) SINGLE6 DATE OF BIRTH October 9, 1873  
(Month) (Day) (Year)7 AGE 41 yrs. 5 mos. 5 ds. If LESS than 1 day, ..... hrs. or ..... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Baseball Player  
(b) General nature of industry, business, or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country) Cleveland OhioPARENTS 10 NAME OF FATHER Jeremiah Reidy11 BIRTHPLACE OF FATHER (State or country) Ireland12 MAIDEN NAME OF MOTHER Ellen Shay13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Reidy(Address) 2178 W 4th Cleveland15 Filed Oct 15, 1915 J. Phelps Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 14, 1915  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan, 1914, to Oct 14, 1915; that I last saw him alive on Oct 14, 1915; and that death occurred, on the date stated above, at 12:45 PM.

The CAUSE OF DEATH\* was as follows:

Cirrhosis of Liver(Duration) ..... yrs. 6 mos. .... ds.Contributory Same  
(SECONDARY)

(Duration) ..... yrs. .... mos. .... ds.

(Signed) D. A. Prunty, M. D.  
Oct 14, 1915 (Address) 1110 Euclid Ave, Cleveland

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

St. Johns Cemetery Oct 16, 1915

20 UNDERTAKER ADDRESS

Reidy Bros & Flaugh 11730 Detroit Ave