

CERTIFICATE OF DEATH

PLACE OF DEATH

of Beach City

40480

Registration District No. 3281 File No. _____

Primary Registration District No. _____ Registered No. 9

(No. _____ St., _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Harry Lester Schlafly

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

COLOR OR RACE white
 MARRIED married
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF DEATH June 27th, 1919
 (Month) (Day) (Year)

BIRTH September 20th, 1878
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 19, 1919, to 6/27, 1919, that I last saw him alive on 6/27, 1919, and that death occurred, on the date stated above, at 7 A.M.
 The CAUSE OF DEATH* was as follows:

AGE 40 yrs. 5 mos. 26 ds. or less than 1 day, hrs. or min.?

Tubercular Meningitis

PROFESSION, OR KIND OF WORK Ball player
 NATURE OF INDUSTRY, OR ESTABLISHMENT IN WHICH EMPLOYED (or employer) Prof. Base Ball

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
 (Duration) yrs. 10 mos. 10 ds.

PLACE OF BIRTH Port Washington Ohio

(Signed) J. O. Kopsch M. D.
 (Address) W. C. H. B. Co.

NAME OF FATHER Frank B. Schlafly

PLACE OF BIRTH OF FATHER Cosher Ohio

NAME OF MOTHER Kathrine Schug

PLACE OF BIRTH OF MOTHER Port Washington Ohio

I AM TRUE TO THE BEST OF MY KNOWLEDGE

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

Signature W. A. Schlafly
Beach City, Ohio

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 _____

Signature H. B. W. A. Schlafly
Beach City, Ohio

PLACE OF BURIAL OR REMOVAL Steausburg DATE OF BURIAL June 28, 1919
 UNDERTAKER B. F. Curtis ADDRESS Beach City