

WISCONSIN STATE BOARD OF HEALTH
ORIGINAL CERTIFICATE OF DEATH
State Filing Date **APR 14 1958**

State Birth No.

1. PLACE OF DEATH a. COUNTY Milwaukee		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milwaukee		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago Dale Ave	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Mary's Hospital		d. STREET ADDRESS (If rural, give location) 1078 Thorndale Ave	

NON-RESIDENT

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) Patrick c. (Last) ARCHER			4. DATE OF DEATH (Month) (Day) (Year) Mar 29 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 13, 1883	9. AGE (In years) 74	If under 1 year Months If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball Player		10b. KIND OF BUSINESS OR INDUSTRY Pro Baseball		11. BIRTHPLACE (State or foreign country) Dublin, Ireland	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME John Archer		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		
16. SOCIAL SECURITY NO. 325-05-7459			17. INFORMANT Mrs. Lillian Archer		

4201

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		MEDICAL CERTIFICATION		Interval Between Onset and Death	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion, atherosclerosis		DUR TO (b) Coronary sclerosis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DIE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
20d. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		20f. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	

21. I attended the deceased from _____ to _____ and last saw her alive on _____
 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. J. Brett</i>		(Degree or title) MD		22b. ADDRESS Milwaukee Wis		22c. DATE SIGNED 3-30-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 3, 1958		23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		23d. LOCATION (City, town or county) (State) Boone, Iowa	
DATE REC'D BY LOCAL REG. MAR 31 1958		REGISTRAR'S SIGNATURE <i>J. J. Brett</i>		24. FUNERAL DIRECTOR John J Brett, Milwaukee, Wisconsin		ADDRESS	