

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 83630

Registered No. 6473

Primary Dist. No. 2

1. PLACE OF DEATH:
(a) County Allegheny
(b) Township
(c) Borough
(d) City Pittsburgh, Pa.
(e) Name of hospital or institution Presbyterian
(f) Length of stay: In hospital or inst. 8 Days In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County Sacramento
(c) City or town Rio Linda
(d) Street No Rural
(e) If citizen of foreign country, name country

3. (a) FULL NAME BONHAM, Mr. Ernest E.

3. (b) If U. S. Veteran, complete reference side of certificate
3. (c) Social Security No

4. Sex Male
5. Color or race White
6. (a) Single divorced Married
6. (b) Name of husband or wife Ruth T. Bonham
6. (c) Age of husband or wife if alive 1913 years

7. Birth date of deceased August 16 1913
(Month) (Day) (Year)

8. AGE: Years 36 Months 0 Days 29
If less than one day hr. min.

9. Birthplace Ione California
(City, town, or county) (State or foreign country)

10. Usual occupation Professional Baseball Player

11. Industry or business Pittsburgh Baseball Club

12. Name Andrew J. Bonham

13. Birthplace California
(City, town, or county) (State or foreign country)

14. Maiden name Clara Wells

15. Birthplace California
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature
(b) Address 611 San Miguel Way, Sacramento, Calif

17. (a) Removal (b) Date thereof 9/16/1949
(Specify date, month, and year) (Month) (Day) (Year)

(c) Place Sacramento County Sacramento State Calif

18. (a) Signature of funeral director
(b) Address H. Samson, Inc., 537 Neville St., Pitts

19. (a) Date received here for burial
(b) Registrar's signature

MEDICAL CERTIFICATION

20. Date of death: Month Sept day 15 AM
year 1949 hour 11 minute 45 EDT

21. I hereby certify that I attended the deceased from Sept 7 1949, to Sept 15 1949 that I last saw him alive on Sept 15 1949 and that death occurred on the date and hour stated above.

Immediate cause of death Irreversible Shock
Cardio-Vascular Failure
Due to ~~extensive infection~~

Due to 159X

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Chronic Appendicitis
Cancer of Colon
Of autopsy

DURATION

PHYSICIAN

Under the laws of this state in which death should be reported immediately.

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?

(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury

23. Signature of Physician
Address Presbyterian Hospital signed 9-15-49

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