

PLACE OF DEATH, Dist. No. _____
 (To be inserted by Registrar)
 County of Los Angeles
 City or Town of Los Angeles
 or Rural Registration District _____

California State Board of Health
 BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Local Registered No. _____

(No. Good Samaritan Hosp., Ward) _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

2 FULL NAME Frank L. Chance

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

2a If married, widowed, or divorced HUSBAND of (or) WIFE of Edythe L.

3 DATE OF BIRTH Sept. 9th 1877

4 AGE 47 years 0 months 6 days If LESS than 1 day, _____ hrs. _____ min.

5 OCCUPATION (a) Trade, profession, or particular kind of work Manager White Sox
 (b) General nature of industry, business, or establishment in which employed (or employer) Base ball team
 (c) Name of employer _____

6 BIRTHPLACE (State or country city or town) Calif.

7 NAME OF FATHER Harvey Chance

8 BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____

9 MAIDEN NAME OF MOTHER not known

10 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____

11 LENGTH OF RESIDENCE At Place of Death _____ years _____ months _____ days (Primary registration district) (If nonresident, give city or town and state) Life
 In California _____ years _____ months _____ days
 How long in U.S., if of foreign birth? _____ years _____ months _____ days

12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Frank L. Chance
 (Address) 653 S. Eglinton ave.

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH Sept. 15th 1924
 (Month) (Day) (Year)

14 I HEREBY CERTIFY, That I attended deceased from July 20 1924, to 9/16 1924
 that I last saw him alive on 9/15 1924

and that death occurred on the date stated above at 7:30 p.m.
 The CAUSE OF DEATH* was as follows:

Pulmonary Oedema
 Acute Glomerular Nephritis

Contributory (Duration) _____ years _____ months 4 days
Bronchial Asthma
 (Duration) 2 years 1 months 9 days

15 Where was disease contracted Los Angeles
 if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Cultural

(Signed) George Mess M.D.
9/16 24 (Address) 1136 1/2 W. 1st St.

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

16 PLACE OF BURIAL OR REMOVAL Rosedale DATE OF BURIAL Sept. 18th 19

17 UNDERTAKER Bresac Brothers EMBALMER'S LICENSE No. _____
Los Angeles

ADDRESS Los Angeles 10

Filed SEP 17 1924

Registrar or Deputy