

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Hamilton Registration District No. 401 File No. 54741
Township _____ Primary Registration District No. 291 Registered No. 5090
or Village _____ No. Good Samaritan Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
or City of Cincinnati
2 FULL NAME Jacob E. Daubert
(a) Residence, No. Norlin Hotel St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married
5a If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude
6 DATE OF BIRTH (month, day, and year) April 17, 1884
7 AGE Years 40 Months _____ Days _____ If LESS than 1 day _____ hrs. of _____ min.
8 OCCUPATION OF DECEASED Ball Player
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) Pennsylvania
(State or country)
10 NAME OF FATHER Jacob Daubert
11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)
12 MAIDEN NAME OF MOTHER Sarah Hoy
13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

14 Informant Mrs. Gertrude Daubert
(Address) 717 E. Liberty St. Schuylkill

15 Filed 10 1924 Edw. E. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 9 1924

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1924 to Oct 9, 1924, that I last saw him alive on Oct 9, 1924 and that death occurred, on the date stated above, at 410 E. ...

The CAUSE OF DEATH* was as follows:

Acute gastric dilatation
Acute appendicitis

(duration) _____ yrs. _____ mos. 14 ds.
CONTRIBUTORY (SECONDARY) Cerebral congestion
accidentally struck by ball while playing
baseball (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted N.Y. City
if not at place of death?

Did an operation precede death? yes Date of Oct 2

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) W. H. Kings M. D.
1910, 1924 (Address) ly not on Blvd

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Waren Pa. Schuylkill Hang DATE OF BURIAL Oct 11 1924

20 UNDERTAKER, License No. 959-2nd ADDRESS W. Mack Johnson
Wm. O