

**RETURN OF A DEATH
IN THE CITY OF PHILADELPHIA.
PHYSICIAN'S CERTIFICATE.**

Undertaker's Certificate in Relation to Deceased

1. Name of Deceased, *James Fogarty*
 2. Color, *White*
 3. Sex, *Male*
 4. Age, *27*
 5. Married or Single, *Single*
 6. Date of Death, *May 20 91*
 7. Cause of Death, *Phthisis*

9. Occupation, *Base Ball Player*
 10. Place of Birth,
 11. When a Minor, { *Father,*
 Mother,
 12. Ward, *29th*
 13. Street and Number, *St Joseph Hospital*
 14. Date of Burial,
 15. Place of Burial, *Los Angeles California*
M Hayes Undertaker.
 Residence, *1410 N 11 St*

REGISTRATION DIST. HEALTH OFFICE. MAY 22 1891

8. Street and Number from which Patient was received,
W R. Parker M. D.
 Hospital, *St Joseph.*

This Constitutes one Certificate. To be returned, by the Superintendent of Cemeteries, to Health Office, on Saturday of each week, before 12 M. 31954



DEATH CERTIFICATE

CITY OF PHILA. • DEPT. OF RECORDS
 VITAL STATISTICS
 620 CITY HALL ANNEX, PHILA., PA. 19107

No 3178
 133034

FULL NAME OF DECEASED (First)			(Middle)	(Last)		
<i>James</i>				<i>Fogarty</i>		
ADDRESS (Street and Number)						
<i>St. Joseph's (ward 29)</i>						
SEX	RACE	MARITAL STATUS	DATE OF BIRTH (Mo., Day, Yr.)		AGE	
<i>M.</i>	<i>W.</i>	<i>Single</i>			<i>27</i> Yrs.	Mos. Days
OCCUPATION			BIRTHPLACE			
<i>Baseball Player</i>			-----			
NAME OF FATHER			BIRTHPLACE			
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MAIDEN NAME OF MOTHER			BIRTHPLACE			
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DATE OF DEATH		CAUSE OF DEATH				
<i>May 20, 1891</i>		<i>Phthisis</i>				
NAME OF PHYSICIAN			ADDRESS			
<i>W. R. Parker</i>			-----			
PLACE OF BURIAL OR REMOVAL				BURIAL DATE		
<i>Los Angeles, California</i>				<i>May 22, 1891</i>		
UNDERTAKER			ADDRESS			
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I hereby certify the above to be a correct copy of a Death Certificate filed in this office.

JAN 21 1974
 (Date Issued)

Allen Weinberg (Registrar)