

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

59699

County of Grandford

Township of Litchy

Registration District No. 259

File No.

Village of

Primary Registration District No. 4400

Registered No. 143

City of

(No. St.,

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME William J. Kuchars

NOV 1921

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(If write the word)

16 DATE OF DEATH Oct 27, 1921
(Month) (Day) (Year)

6 DATE OF BIRTH Oct 24, 1861
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1921, to Oct 27, 1921, that I last saw him alive on Oct 27, 1921, and that death occurred, on the date stated above, at 8 A.M.

7 AGE 61 yrs. 3 mos. 3 ds. If LESS than 1 day, ____ hrs. or ____ min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work Ball Player
(b) General nature of industry, business, or establishment in which employed (or employer) W. L. Faber Pneumonia

(Duration) ____ yrs. ____ mos. 2 ds.

9 BIRTHPLACE (State or country) Chicago, Ill.

Contributory (SECONDARY)

PARENTS

(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) F. M. ..., M. D.
Oct 27, 1921 (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

10 NAME OF FATHER Clara Kuchars

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Know

13 BIRTHPLACE OF MOTHER (State or country) Germany

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, If not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. ...

(Address) Bucyrus, Ohio

19 PLACE OF BURIAL OR REMOVAL Union Ave DATE OF BURIAL Oct 29, 1921

15 Filed Oct 28, 1921 H. ... Registrar

20 UNDERTAKER H. ... Bucyrus, Ohio