

CERTIFICATE OF DEATH

Registered No. _____

City of Manassas
County of Prince Georges

772

Age of Adolph (No. Canty Hospital St., 5 Ward) (If death occurred in a hospital or institution, give its name instead of street and number.)

Special Information: _____

FULL NAME Lawrence G. McKeon

PERSONAL AND STATISTICAL PARTICULARS

COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

WAS HUSBAND OR WIFE None

DATE OF BIRTH 3 - 25 - 1876 (Month) (Day) (Year)

AGE 49 years, 3 months, 23 days

TRADE, PROFESSION, OR OCCUPATION Ball Player

PLACE OF BIRTH N. Y.

NAME OF FATHER Michael McKeon

PLACE OF BIRTH OF FATHER Ireland

MOTHER'S NAME Margaret McKeon

PLACE OF BIRTH OF MOTHER Ireland

Signature of Informant Dr. J. J. McKeon

Address Canty Hospital St., Manassas, Va.

Date 1915

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 - 18 - 1915 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 6 - 22 - 1915 to 7 - 18 - 1915 that I last saw him alive on 7 - 18 - 1915 and that death occurred, on the date stated above, at 1138 N.

THE CAUSE OF DEATH was as follows: Pulmonary tuberculosis

Contributory (SECONDARY) None

(Signed) Benjamin F. Reuer, M. D. (Address) 1915

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSED STATE (1) KIND OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINS, OR FREIGHT RESIDENTS) At place of death 308 East Ohio St (City) Chicago (State) Ill.

PLACE OF BURIAL OR REMOVAL First Avenue New York DATE OF BURIAL 1915

UNDERTAKER J. J. Blackwell & Son WAS THE BODY EMBALMED? Yes EMBALMER'S LICENSE No. 38