

1. Full Name of Deceased, *Edward J. McHabb*

2. Color, (Race, if not white,) *White*

3. Sex, *Male*

4. Age, *28* Years, *—* Months, *—* Days.

5. Married, Single, Widow or Widower, *Single*

6. Occupation, *Ball Player*

7. Date of Death, *February 28* 189*4*

8. Cause of Death, { Primary, or Chief and Determining,
Secondary, or Consecutive and Contributing, *Suicide by Shooting*

9. Duration of Last Illness, *Suddenly*

10. When a Minor, { Name of Father, *Jos McHabb* Birthplace, *U. S.*
Name of Mother, *Suzannah McHabb* Birthplace, *U. S.*

11. Birthplace, *Ohio*

12. Late Residence, No. *Hotel Eiffel* Avenue, Street *3* Ward.

13. Time of Residence therein, Years, *—* Months, *1 1/2* Days.

14. Place of Previous Residence, *Mt Vernon Ohio*

15. Place of Interment, *Mt Vernon* Cemetery, *Ohio*

16. Date of Interment, *May 2* 189*4*

17. Name of Physician or other Person Signing Certificate, *Heber McDowell* M. D. *Coroner*

18. His Residence, No. *Court House* Avenue, Street, *5* Ward.

19. Undertaker, *Gas M Fullerton*

20. His Residence, No. *34 — 9th* Avenue, Street, *4* Ward.

21. Date of Certificate, *Mar 1* 189*4*

22. Date of Registration, *Mar 15* 189*4*