ORANGE COUNTY DEPARTMENT OF HEALTH

PAOLI, INDIANA 47454

Certificate of Death

This Certifies, tl	hat accord	ing to the I	records of	the Orange	e County Health	Department:
Name of Decea	sed Sta	hll, Ch	as. S.		West Bader	n, IN
Date of Death_	3-2	8-1907			Baseball	player
Sex Male)	_Color or	Race	White	A	je34
Married, Never	Married,	Widowed,	Divorced	(Specify)	Married	
Cause of death					(15 min.)	
					Residence	Ft. Wayne. IN
Certified by(Ph	Thos A.				(Addres	s)
Place of Burial o	•	Fort	Wayne; emetery)	IN L	•	cenerary
Funeral Director	E. A.	Palmer				
Date of Burial_				_Record wa	(Addres s filed	s) 1907 :
Book No	7Pe	ige No	46	_lssued on _	12-12-	
SEAL				***************************************	County Health	Officer Officer