

PLACE OF DEATH.

County of Washington Registration District No. 798 File No. 10359
 or
 Township of _____ Primary Registration District No. 8359 Registered No. 160
 or
 Village of _____ City of Youngstown (No. City Hospital St. 8 Ward _____)
 or
 City of _____ (If death occurred in a hospital or institution, give its NAME, instead of street and number.)

FULL NAME Joseph L. Stewart

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (If wife the word) Single

10 DATE OF DEATH Feb - 9th 1913
 (Month) (Day) (Year)

6 DATE OF BIRTH About 1878 1911
 (Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from _____, 1913, to _____, 1913, that I last saw h. _____ alive on _____, 1913, and that death occurred, on the date stated above, at 2 P.M.

7 AGE About 35 yrs. _____ mos. _____ ds. or _____ min.?

If LESS than
 1 day _____ hrs.
 _____ min.?

The CAUSE OF DEATH* was as follows:
Fracture face from under
at house of E. Smith
chest crushed.

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

9 BIRTHPLACE (State or country) North Carolina

Contributory Shock & Hemorrhage
 (Secondary)

(Signed) J. S. Brown coroner, M. D.
Feb 10 1913 (Address) Youngstown

*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 Amable Leavis

11 BIRTHPLACE OF FATHER (State or country) Amable Leavis

12 MAIDEN NAME OF MOTHER Amable Leavis

13 BIRTHPLACE OF MOTHER (State or country) Amable Leavis

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, if not at place of death?
 Former or usual residence 246 St. Frank St.

(Informant) William J. Berg

(Address) 266 W. Federal St.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Mount St. C. Feb 12, 1913

15 FEB 12 1913
 Filed _____ 1913 G. C. Hamilton
 Register

20 UNDERTAKER ADDRESS
John S. ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.