

BOROUGH OF Manhattan Department of Health of The City of New York
 BUREAU OF RECORDS
 CERTIFICATE OF DEATH

No. St Lawrence Hospital

Character of premises, (If institution, state name)
 whether tenement, private,
 hotel, hospital or other place, etc.

Registered No. 23455

* FULL NAME

Ray Chapman

SEX M COLOR OR RACE W SINGLE, MARRIED, WIDOWED, DIVORCED, SEPARATED

DATE OF DEATH Aug. 17th, 1920
 (Month) (Day) (Year)

DATE OF BIRTH _____
 (Month) (Day) (Year)

AGE 29 yrs. mos. ds. LESS than 1 day, ___ hrs. or min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Baseball player
 (b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) U. S. A.

(1) How long in U. S. (If of foreign birth) (2) How long resident in City of New York 1 day

NAME OF FATHER Robert E. Chapman

BIRTHPLACE OF FATHER (State or country) U S A

MAIDEN NAME OF MOTHER Blanch Johnson

BIRTHPLACE OF MOTHER (State or country) U S A

Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence 13573 Euclid Ave. Cleveland O.

I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that I have this 17th day of Aug 1920, taken charge of the body of deceased found at St. Lawrence Hospital and that I have investigated the essential facts concerning the circumstances of the death.

I further certify that I have viewed said body and from examination and evidence, that he died on the 17th day of Aug 1920, at St. L., and that the chief and determining cause of his death was fractured skull and intracranial hemorrhage 1 stroke by baseball 8.16.20 that the contributing causes were _____

Charles B. Jones M.D.
 Assistant Medical Examiner

Approved Walter H. Jones M.D.
 Chief Medical Examiner

FILED
 AUG 17 1920

PLACE OF BURIAL Lake View Cemetery DATE OF BURIAL Aug 17th 1920
Cleveland Ohio

UNDERTAKER James T. Moran ADDRESS 1879 Amsterdam Ave
Bermet 23

MARGIN RESERVED FOR BINDING. NO MUTILATED CERTIFICATE WILL BE RECEIVED

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